

Registration form: Deadline is March 15th, 2012

Name:

.....

Work address:

.....

.....

E-mail:

Telephone/fax:.....

Signature:

.....

Send the registration form to:

**Sekr. Maj-Britt Stäring, Röntgenkliniken
Karolinska University Hospital, Huddinge
SE-141 86 Stockholm, Sweden
or FAX 08- 711 48 40 (internat. +46-8-711 48 40)**

Or

**Överläkare Seppo Koskinen
HUS-Röntgen, Töölö
FIN-00029 HUS FINLAND
FAX +358-9-47187348**