

**SPRING MEETING SLOVENIAN SOCIETY OF PATHOLOGY AND FORENSIC
MEDICINE**

Goriška Brda, 25-26 MAY 2018

Pulmonary pathology



Name and surname:	
Specialist / Resident:	
Home address:	
Employer / Institution:	
Department:	
Phone nr.:	
E-mail:	

PAYMENT DETAILS

Payer's name:	
Payer's address:	
Payer's VAT nr.:	
Payer's stamp and signature:	

Registration fee 50 eur + VAT

Date:	

Please print, fill out, scan and email to:
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