

REGISTRATION FORM

Dear colleague,

We kindly ask you to complete the registration form before September 28th if you are able and willing to participate. Please send the registration form to Johanna Jonsdottir jjonsdottir@dongnocchi.it.

If you are interested in presenting your work at the SIG Mobility meeting please send a working title and an abstract before September 7th.

We look forward to meet you in Milan!

FIRST NAME	
FAMILY NAME	
TITLE/PROFESSION	
ORGANIZATION	
ADDRESS	
CITY	
COUNTRY	
E-MAIL	
RIMS member	YES / NO* (please make your choice)
ATTENDANCE	SIG OCCUPATION / MOBILITY (please make your choice)

* Non-RIMS members pay € 60,- fee

DATE OF ARRIVAL:

DATE OF DEPART:

NUMBER OF NIGHTS OF ACCOMMODATION:

I WILL ATTEND THE WELCOME DRINK ON THURSDAY THE 8TH NOVEMBER **YES / NO**

I WILL ATTEND DINNER ON FRIDAY NIGHT THE 9TH NOVEMBER **YES / NO**

SPECIAL DIETS **YES / NO**

PRESENTATION ABSTRACT SIG MOBILITY

“The use of clinical approaches and advanced technology systems for maximising the effect of rehabilitation on mobility and function”

Milan, ITALY

Title of Presentation:

Author (s):

Institute:

Return this form to Johanna Jonsdottir, Italy jjonsdottir@dongnocchi.it and Anders Romberg, Finland anders.romberg@ms-liitto.fi.