

**Second European Symposium on Drug Addiction & AIDS : October 4-6, 1993, Siena, Italy : preregistration form.**

**Contributors**

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## SECOND EUROPEAN SYMPOSIUM on DRUG ADDICTION & AIDS

October 4-6, 1993 Siena Italy

PREREGISTRATION FORM

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Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Institution: \_\_\_\_\_

Street: \_\_\_\_\_

Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

I intend to participate at the Symposium:

I wish to present: an oral presentation  a poster

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Please send me more preregistration forms