

Mitochondrial Function and Health

11th – 12th November, 2010

Lecture room BK130, University of Oulu, Linnanmaa

MITOHEALTH REGISTRATION FORM

Title:

Family Name:

First Name:

Institution/University:

Department:

Research Group:

E-mail address: _____@

Do you require a Certificate of Attendance? (Yes/No)

e.g. for Study Credits

Mailing address (for certificate):

RETURN COMPLETED FORM TO

Anne.Vainionpaa@oulu.fi

Before

16.00hr on 1st November, 2010

Note: *If using Acrobat Reader, you may not be allowed to save a copy of the completed form to your computer. Therefore, after filling in the form, print it using "PDF CREATOR" (in Acrobat Reader's "File/Print menu)" and send the saved "printed" copy as instructed above.*