

# Italian Society of Histochemistry

President: *Roberta Di Pietro*

Secretary: *Michela Battistelli*

## MEMBERS' REGISTER FORM

Send the member registry card, duly completed and signed, by mail or e-mail to:  
Secretariat "Italian Society of Histochemistry"  
Department of Biomolecular Sciences, Scientific Campus Enrico Mattei  
Via Cà le Suore, 2/4 - 61029 Urbino (PU)  
e-mail: [info@istochimica.it](mailto:info@istochimica.it)

First and Last Name . . . . . Title . . . . .

Fiscal Residence . . . . .  
*Address* . . . . . *Zip Code* . . . . . *City* . . . . . *Prov.*

phone . . . . .

E-mail . . . . .

### Postal address (if different from fiscal residence)

. . . . .  
*Address* . . . . . *Zip Code* . . . . . *City* . . . . . *Prov.*

Affiliations . . . . .

. . . . .

Date . . . . . Signature . . . . .

## MAIN RESEARCH TOPICS

. . . . .

### Authorization pursuant to Law no.45 of 02/26/2004 and succ. changes

The information and data contained in this form are all necessary for the compilation of the Members' register and are protected by the law of privacy. Their use by the Society requires written authorization.

The undersigned . . . . ., member of the Italian Society of Histochemistry, accepts the Statute of and the Regulations of the Society. Having also been informed of the provisions of law no. 45/2004, authorizes the Society to grant the use of its postal and e-mail address to send correspondence and publications promoted by the Society.

SIGNATURE . . . . .

The undersigned      AUTHORIZES       DOES NOT AUTHORIZE       the publication of name, the postal address and e-mail address in a protected section of the Society's website.

SIGNATURE . . . . .

*Secretariat "Italian Society of Histochemistry"*  
*Department of Biomolecular Sciences, Scientific Campus Enrico Mattei*  
*Via Cà le Suore, 2/4 - 61029 Urbino (PU)*