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EDIZIONI MINERVA MEDICA ORDER FORM FOR INDIVIDUAL SUBSCRIPTION

Please print the order form, complete it and forward it with the attachments requested to the following

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Ufficio Abbonamenti Corso Bramante 83
10126 TORINO

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I wish to receive a receipted invoice. $\ \square$ Yes $\ \square$ No

Personal details will be used for invoicing

The details transmitted which you, in accordance with Decree Law no.196/2003 authorise us to handle, will be used solely for commercial purposes and to promote our activities. Updates or cancellation of details should be requested from: Edizioni Minerva Medica, Corso Bramante 83-85, 10126 - Torino.