PRESS REGISTRATION FORM

IDENTIFICATION

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Title: _____________________________________  Last name: ______________________________  First name: ________________________________
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Please Choose Your areas of Interest:

- All
- Airway disorders
- Asthma
- Cardiovascular Medicine and Surgery
- Chest Infection
- Clinical Pulmonary Medicine
- Clinical Research
- COPD
- Critical Care
- Disaster Response
- Guidelines
- Interstitial and Diffuse Lung Disease
- Interventional Chest/Diagnostic Procedures
- Lung Cancer
- Mechanical Ventilation
- Neuromuscular Disease
- Occupational and Environmental Health
- Palliative and End-of-Life Care
- Pediatric Chest Medicine
- Practice Operations
- Pulmonary Fibrosis
- Pulmonary Physiology Function and Rehabilitation
- Pulmonary Vascular Disease
- Respiratory Care
- Sarcoidosis
- Sleep Medicine
- Thoracic Oncology
- Tobacco Cessation
- Transplant
- Women’s Health
- CHEST Annual Meeting
- CHEST Congress
- CHEST Foundation Work
- Webinars

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REGISTRATION

☐ PRESS EXEMPT – FULL REGISTRATION*

*Please send your registration form together with a copy of your press ID and/or written confirmation from your work place

Date _______________  Signature __________________________

Registration department
Rue François-Versonnex 7, 1207 Geneva, Switzerland
Tel: +41 31 528 432 ext. 111, Fax: 41 22 90 69 140
E-mail: reg_chest19@kenes.com