

Registration form SSARV-AScS

Mr/Mrs :

Name : Surname :

Road / N° : NPA/ Locality :

Tel : E-Mail :

Sarcoidosis:

| | | |
|-----------------|------------------------------|-----------------------------|
| patient(e) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Family/relative | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Donor | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Your message:
.....
.....
.....
.....

Dorrit Irène Novel, president
Chemin des Terrasses 2
1400 Yverdon-les-Bains