



REGISTRATION FORM



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Tel.: 010/5636.805/554, Fax: 010/3776590, e-mail: sisp@ospedale-gaslini.ge.it

Title of the event: [*]

ID of the event:

Italian C.M.E. ID n°:

Venue:

Date:

Personal data:

NAME FAMILY NAME.....

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For Italian registrants only: For purposes of Continuing Medical Education accreditation, please provide the following information:

Data di nascita: _____ **Luogo di nascita:** _____

Codice fiscale: _____

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Your data will be stored in the optical archive of the Istituto G. Gaslini. CISEF will make use of the data provided exclusively for the purpose of the present event including the Italian Continuing Medical Education programme procedures. They will be forwarded to the Italian CME National Commission, stored in the CISEF database and used to keep you informed on relevant SISP forthcoming events and in case of your future attendance at CISEF events.

Please tick the box if you wish we erase your data from the CISEF database.

TheCentro Internazionale di Studi e Formazione "Germana Gaslini", via Romana della Castagna, 11, 16147 Genova is the holder of the data.

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