

ISTITUTO G.GASLINI	<h1>REGISTRATION FORM</h1>	
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Please fill in and return to the Organizing Secretariat by [*]
Tel.: 010/5636.805/554, Fax: 010/3776590, e-mail: sisp@ospedale-gaslini.ge.it

Title of the event: [*]
ID of the event:
Venue:

Italian C.M.E. ID n°:
Date:

Personal data:

NAME FAMILY NAME.....
Private address:
ZIP code..... Town..... Country.....
Tel...../..... Mobile..... Fax...../
e-mail.....
Institute.....
Work address:.....
ZIP code..... Town..... Country.....
Tel...../..... Mobile..... Fax...../.....

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

Data di nascita: _____ **Luogo di nascita:** _____
Codice fiscale: _____
Professione: _____ **Disciplina:** _____

Invoice/Receipt (Please specify to whom the invoice/receipt of your payment should be made out)

The invoice should be made out to
address.....N°.....Zip code.....Town.....P.IVA/CF.....
and sent to the: private work address
other address :

Registration fee

The registration fee of euros [*] must be paid within 5 days after the confirmation of acceptance by the Organizing Secretariat

Payment can be made by:

A) **Credit card:** American Express  - Eurocard  - Maestro  - Mastercard  - Visa 

Card N° _____ expiration date ____/____/____
(MM/YY)

Amount authorised _____ Signature _____ Date _____

B) **Bank transfer** to: Istituto Giannina Gaslini, Account no. 4632/90 Banca CaRiGe SpA, Agenzia 58, sportello Gaslini. – IBBAN: IT43Y061750158300000463290 (Cod. ABI 6175 - CAB 1583)


Please specify on the transfer "Registration for (the name of the event)" on behalf of (registrant's name).

Please send (preferably by fax) copy of the transfer once it has been ordered

All related banking costs are at the registrant's expenses

C) **Check** payable to Istituto Giannina Gaslini and sent to the Organizing Secretariat with this form duly signed

* The registration fee can be reimbursed only with a 5 days notice before the beginning of the event.

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Privacy policy; (Art.13, Italian law 196/2003)

SISP 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 SISP database and used to keep you informed on relevant SISP forthcoming events and in case of your future attendance at SISP events. Please tick the box if you wish we erase your data.
The Istituto G. Gaslini, L.go G. Gaslini 5, 16147 Genova is the holder of the data.

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