

<p style="text-align: center;">ISTITUTO G.GASLINI</p>	<h1 style="color: cyan;">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:

Italian C.M.E. ID n°:

Venue:

Date:

Personal data:

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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: _____

Professione: _____ **Disciplina:** _____

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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

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The Istituto G. Gaslini, L.go G. Gaslini 5, 16147 Genova is the holder of the data.

Date Signature.....