

## REGISTRATION FORM



## The 2nd training course on Blood and Marrow Transplantation: a course for paediatricians and paediatric nurses on HSCT in children and adolescents

SISP Event ID: 792 Italian C.M.E. ID n°: 693-9016392/93/94

Please complete and return to the Organizing Secretariat  
 Tel.: +39-010-5636.805/554 Fax: +39-010-3776590 e-mail: lenacosulich@ospedale-gaslini.ge.it

**Personal data:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Male  Female **Work details**

Institution: \_\_\_\_\_

Address: \_\_\_\_\_ Post (Zip) Code: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Position: \_\_\_\_\_

Please check accordingly M.D.  Specialty \_\_\_\_\_ Researcher  Field \_\_\_\_\_Other  Specify (e.g., Resident, Technician, etc.) \_\_\_\_\_**Private details**

Address: \_\_\_\_\_ Post (Zip) Code: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ 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: \_\_\_\_\_

I intend to apply for a Course Grant covering registration and accommodation expenses, and will submit an abstract within the April 15<sup>th</sup> deadline

**Payment details**

Registration Fee: The registration fee must be paid within 5 days after the confirmation of acceptance by the Organizing Secretariat. Note: cancellation of registration must be received with at least 5 (five) working days notice before the start of the event to be considered for refund. Payment can be made by:

A) Credit card American Express  Eurocard  Maestro  Mastercard  Visa 

Card Number: \_\_\_\_\_ Expiration date (MM/YY): \_\_\_\_\_

Amount authorized: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

B) Bank transfer to:

*Istituto Giannina Gaslini, Account no. 4632/90**Banca CaRiGe SpA, Agenzia 58, sportello Gaslini. - 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**Invoice/Receipt:** Please specify to whom the invoice/receipt of your payment should be made out

To: \_\_\_\_\_ VAT No. \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_ City: \_\_\_\_\_

And sent to: Private address  Work address 

Other address: \_\_\_\_\_ Zip code: \_\_\_\_\_ City: \_\_\_\_\_

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

SISP will make use of your data exclusively for the purpose of the present event, including Italian Continuing Medical Education program procedures. Data will be forwarded to the Italian CME National Commission, stored in the SISP database and used to keep you informed on forthcoming SISP events, and in case of your future attendance at SISP events. The holder of the data is the Istituto G. Gaslini, L.go G. Gaslini 5, 16147 Genova.

Please check the box if you wish to have your data removed following the event.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_