



REGISTRATION FORM



Please fill in and return to the Organizing Secretariat by April 20
Tel.: +39 010 5636.805/554, Fax: +39 010 3776590
e-mail: caterinacogorno@ospedale-gaslini.ge.it

Annual Meeting of the SIOP Brain Tumour Sub-Committee

ID of the event: 790

Italian C.M.E. ID n°: 693-9011885, 9012051

Venue: Villa Quartara, Badia della Castagna, Genoa, Italy

Date: May 14-16, 2009

Personal data:

NAME FAMILY NAME.....

Private address:

ZIP code.....Town.....Country.....

Tel...../..... Mobile..... Fax...../.....

e-mail.....

Institute.....

Work address:.....Department

ZIP code.....Town.....Country.....

Tel...../..... Mobile..... Fax...../.....

For Italian registrants only:

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 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.....