



ISTITUTO G.GASLINI

REGISTRATION FORM

Settore AFR-AAF



CISEF
CENTRO INTERNAZIONALE DI STUDI E FORMAZIONE
GERMANA GASLINI

Please fill in and return to the Organizing Secretariat by
Tel.: 010/5636864, Fax: 010/5636885 e-mail: manuelaaloe@cisef.org

International Course on neonatal and pediatric Anesthesia: hot topics, hands on

ID of the event: 1071

Italian C.M.E. ID n°: 856-

Venue: Badia della Castagna, Genova

Date: May 24-25, 2013

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 purposes of Continuing Medical Education accreditation, please provide the following information:

Date of birth:

Place of birth:

Codice Fiscale

Profession:

Discipline:

RECRUITMENT BY SPONSORING COMPANIES

I hereby declare that I have been recruited by

Signature: _____

Registration fee

For Italian participants: Enti Pubblici esenti IVA come disposto dall'art.14, c.10, l. 537/93):

The registration fee of **euros 250,00 (euros 50,00 for PhD students and post-docs; free entrance for IGG personnel) [*]** must be paid within 5 days after the confirmation of acceptance by the Organizing Secretariat

<p style="text-align: center;">ISTITUTO G.GASLINI</p>	<h1 style="color: green;">REGISTRATION FORM</h1> <h2 style="color: green;">Settore AFR-AAF</h2>	 <p style="font-size: small;">CISEF CENTRO INTERNAZIONALE DI STUDI E FORMAZIONE GERMANA GASLINI</p>
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Payment can be made by:

A) Credit card: you can either pay online on the website <http://www.cisefweb.org/pagamenti/> or send your data to be used by CISEF to charge your card

- Visa  - Maestro  - Mastercard  - American Express 

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

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B) Bank transfer to: CISEF “Germana Gaslini” cc 11413/80, IBAN IT23B0617501455000001141380, SWIFT/BIC CODE: CRGEITGG442

Please specify on the transfer “AFR - 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 CISEF Germana Gaslini, via Romana della Castagna 11A, 16148 Genova and sent to the Organizing Secretariat of CISEF with this form duly signed

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

Invoice/Receipt

The invoice/receipt of your payment will be made out to the public or private subject who makes the payment. Please indicate the full data for the invoice:

The invoice should be made out to
 address.....N°.....Zip code.....Town.....P.IVA/CF.....
 and sent to the attention of

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

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 CISEF 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.

The Centro Internazionale di Studi e Formazione “Germana Gaslini”, via Romana della Castagna, 11A, 16148 Genova is the holder of the data.

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