HAND SURGERY DEPARTMENT OSPEDALE SAN GIUSEPPE - MILAN, ITALY PLASTIC SURGERY SCHOOL UNIVERSITÀ DEGLI STUDI DI MILANO 25-31 MARCH 2019

REGISTRATION FORM

Scientific Director: Prof. Giorgio Pajardi

PARTICIPANT DATA

Family name		Name		
Degree in	in Specialty			
Place of work				
Address				
Zip - Postal Code Ci	ty			Country
Phone		Email		
Birth place	Date of birth			
(only for Italian participant)				
Codice fiscale				
Ordine/Collegio di appartenenza		n. iscrizione		
Tipo di impiego: 🛛 🗌 Lil	oero Professionista	Dipendente	Convenzionato	Privo di occupazione
ADDRESS FOR INVOIC	ING			
Company name/Name and Su	rname			
Address				
Zip - Postal Code Ci	ty			Country
Fiscal Code		VAT Code		
Phone		E-mail		
REGISTRATION FEE (V	AT INCLUDED)			
Giornata Milanese 28-	20 March 2010	€ 220 00 (for th	eranists and suraec	(201

Giornata Milanese 28-29 March 2019: \in 160,00 (for nurses and students without social dinner)

(only for therapists)

€ 150,00

Top Master Class 29-31 March 2019:

PAYMENT

Bank Transfer

to the following address: MultiMedica SpA presso UBI - Filiale Milano Monte Pietà IBAN: IT84P03111016450000000802 - SWIFT/BIC: BLOPIT22

(Kindly note that all bank charges must be paid by the participant. Please SEND A COPY OF THE PAYMENT together with the registration form) Please insert in the bank transfer notes: your name and surname + course march 2019

CONFIRMATION

Registration will be considered complete and valid upon reception of the full payment of fees. The Organizing Secretariat will send a confirmation letter by e-mail. This confirmation letter must be presented at the registration desk on-site of the course in order to receive the congress kit

I his commitmation letter must be presented at the registration desk on-site of the course in order to receive the congress k and access badge.

If you will not reveive the confirmation, please contact the Organizing Secretariat by e-mail.

CANCELLATION POLICY

All cancellation or modification requests must be submitted in official writing by fax or email to the Organizing Secretariat by e-mail: jessica.vignali@multimedica.it

Á cancellation fee of 50% will be applicable for all cancellation requests received by February 25th, 2019. No refunds will be permitted after February 25th, 2019.

All approved refunds will be processed after May 2019.

Date

Signature

PROTECTION OF PERSONAL DATA - INFORMATION

The participant declares to be informed, pursuant to art. 13 of Legislative Decree no. 196/2003 on the protection of personal data that:

- The personal data referred to in this registration form, or personal data acquired during the event, will be processed by MultiMedica SpA - even with the help of electronic means - for purposes relating to the performance of obligations relating to participation in the event, for statistical purposes, for sending promotional material, or for the fulfilment of legal obligations and/or provisions of public bodies;
- 2. The provision of your data is optional but necessary for participation in the event
- 3. Your data will be communicated by parent companies and companies connected to MultiMedica SpA or specific persons in charge of the management and processing of data for the achievement of the purposes referred to in paragraph 1.

The participant is informed that, pursuant to Article 7 of Legislative Decree 196/2003, at any time and free of charge you may have access to or request the modification and / or deletion of your personal data by contacting directly the Data Manager of MultiMedica SpA - Via Fantoli, 16/15 - Milan

Date

Signature

ORGANIZING SECRETARIAT Ufficio Formazione Gruppo MultiMedica

Via San Vittore, 12 20123 Milano (MI) Ph. +39 02 8599 4108 E-mail: jessica.vignali@multimedica.it