



REGISTRATION FORM

Settore AFR-AAF



Please fill in and return to the Organizing Secretariat by
Tel.: 010/56362878., Fax: 010/56362885 e-mail: lauraisnardi@cisef.org

Title of the event:
X Biennial Meeting of Mediterranean Society of Coloproctology

ID of the event:

Venue: Italy, Genoa, CISEF-Gaslini

Italian C.M.E. ID n.: 856-

Date: 15-16/09/2016

PERSONAL DATA:

NAME FAMILY NAME

Private address:

Str./Av.

ZIP code Town Country

Tel. Mobile Fax

e-mail

Work address:

Institute

Dpt.

Str./Av.

ZIP code Town Country

Tel. Mobile Fax

e-mail

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/e** ☐ **Privo di specializzazione**

☐ **Dipendente** ☐ **Convenzionato** ☐ **Libero professionista** ☐ **Privo di occupazione**

Iscritto a:

☐ **ORDINE** prov. ____ n. ____ ☐ **COLLEGIO** prov. ____ n. ____

☐ **ASSOCIAZIONE PROFESSIONALE** n. ____

☐ **NESSUNO**

RECRUITMENT BY SPONSORING COMPANIES

I hereby declare that I have been recruited by



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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 [*] + VAT INCLUDED must be paid within 5 days after the confirmation of acceptance by the Organizing Secretariat

PAYMENT CAN BE MADE BY:

A) Credit card: pay online on the website <http://www.cisef.org/pagamenti/>

B) Bank transfer to: CISEF "Germana Gaslini" cc IBAN IT59S0617501583000000640080 SWIFT/BIC CODE: CRGEITGG138
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)

CISEF Germana Gaslini, Genova will make use of the information provided above for purposes of the present event. In case of Italian CME accreditation they will be forwarded to AGENAS. They will be kept in the CISEF database for future events.
CISEF Germana Gaslini, via Romana della Castagna 11A, 16148 Genova info@cisef.org is the holder of the data.

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