

**NEW TECHNOLOGIES IN SURGERY
SURGICAL EDUCATION THROUGH SIMULATION**

Registration form

Please fill the form in and send by e-mail to: segreteria@eventiinfiore.it

Please write in CAPITAL LETTERS

Surname _____

Name _____

Place and date of birth _____

Fiscal code (only for Italian citizens) _____

Home address _____

Zip code _____ City _____

Telephone _____ Mobile _____

E-mail _____

Please specify: Employed Freelance Professional Resident

Hospital and Dept. _____

Work address _____

ZIP code _____ City _____

Yes, I want to participate to the ECM program No, I don't want to participate to the ECM program

REGISTRATION IS FREE
BUT IS MANDATORY TO SEND THE FORM DULY FILLED IN

I authorize the Organizing Secretariat EVENTI IN FIORE in order to use my personal data for the purposes linked to the Congress.

Date

Signature.....