

REGISTRATION FORM

VII INTERNATIONAL SYMPOSIUM ON CHILDHOOD DEAFNESS

Masterclass in Diagnosis and treatment of hearing loss in children

Naples (Italy) Hotel Excelsior
16-18 November 2017

PLEASE WRITE IN CAPITAL LETTERS

PERSONAL DETAILS

Name and Surname: _____

Tax Code: _____ Place and date of Birth: _____

Profession: _____ Specialization: _____

Address: _____

CAP.: _____ City: _____

Tel./Cell.: _____ Fax.: _____ e-mail: _____

Head Office (Company Name): _____

FREELANCE EMPLOYEE CONVENTIONED

PARTICIPANT WITH COMPANY INVITATION YES NO

COMPLETE ONLY IN CASE OF COMPANY INVITATION

Invitation issued by: _____ Attached	I, undersigned _____ Declare of being invited by _____ Signature: _____
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The above information is necessary also for the request of certificate, if incomplete or incorrect, claims cannot be validated. The ECM certificates will be issued only to those who follow the full course.
Please write in capital letters for the correct data entry.

The inclusion of personal data occurs for purposes related to the fulfillment of the obligations arising out of this event as scientific secretary. Refusal to provide such information does not allow us to fulfill contractual, regulatory, fiscal, regulatory ECM. You can exercise your rights under article 7 D. Legislative Decree 196/03 such cancellation, modification, data modification, etc.. address in the epigraph. Pursuant to art. 7 of Legislative Decree 196/03. Authorize the processing of my personal data

Data _____

Signature _____