

REGISTRATION FORM

Settore AFR



Please fill in and return to the Organizing Secretariat by August 8th, 2013
Tel.: +39 010/5636873, Fax: +39 010/5636885 e-mail: caterinacogorno@cisef.org

ECMO Genoa2013: International Hands-on Course on Neonatal and Pediatric ECMO Badia della Castagna, Genoa, Italy - October 1-3, 2013
ID: 1078 - Italian CME accreditation n. 856-56374 - 57187

Personal data: (please write in CAPITAL LETTERS)

NAME	FAMILY NAME
Private address:	
ZIP codeTown	Country
Tel/Mo	bileFax/
e-mail	
Institute	Dept/Unit
Work address:	
ZIP codeTown	Country
Tel/ Mob	ileFax/
PLEASE TICK YOUR CHOICE	
Registration for full course	
Registration for morning sessions only	J
FOR CONTINUING MEDICAL EDUCATION AC	CREDITATION, PLEASE PROVIDE THE FOLLOWING INFORMATION:
Date of birth:	Place of birth:
Codice Fiscale	
Profession:	Discipline:
RECRUITMENT BY SPONSORING COMP	ANIES
I hereby declare that I have been recruit	ted by
Signature:	

REGISTRATION FEE

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

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ISTITUTO G.GASLINI

The registration fee of euros 450,00 (full course) or 200,00 (morning sessions only) must be paid within 5 days after the confirmation of acceptance by the Organizing Secretariat

Payment can be made by:

- A) Credit card: you can pay online on the course website http://www.ecmogenoa2013.cisef.org/
- **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 ma	ide out to						
address	N°	Zip code	Town	P.IVA/CF			
and sent to the attention of	of						
Privacy policy; (Art.13, Itali CISEF Germana. Gaslini Italian CME accreditatio CISEF Germana Gaslini,	i, Genova will make us n they will be forwarde	ed to AGENAS. They w	ill be kept in the C	ISEF database for future	events.		
DateS	Signature						