



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 _____ Specialty _____

Place of work _____

Address _____

Zip - Postal Code _____ City _____ Country _____

Phone _____ Email _____

Birth place _____ Date of birth _____

(only for Italian participant)

Codice fiscale _____

Ordine/Collegio di appartenenza _____ n. iscrizione _____

Tipo di impiego: Libero Professionista Dipendente Convenzionato Privo di occupazione

ADDRESS FOR INVOICING

Company name/Name and Surname _____

Address _____

Zip - Postal Code _____ City _____ Country _____

Fiscal Code _____ VAT Code _____

Phone _____ E-mail _____

REGISTRATION FEE (VAT INCLUDED)

- Giornata Milanese 28-29 March 2019: € 220,00 *(for therapists and surgeons)*
 Top Master Class 29-31 March 2019: € 150,00 *(only for therapists)*

PAYMENT

Bank Transfer

to the following address: MultiMedica SpA presso UBI - Filiale Milano Monte Pietà
IBAN: IT84P0311101645000000000802 - 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 and access badge.

If you will not receive 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

A 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:

1. 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