



SCUOLA
DI FORMAZIONE
CONTINUA

Enrolment form Workshop Airway management Rome, 18th – 19th December 2009

Billing Data

The invoice must be registered to _____

Address _____

Post code _____ City _____ Country _____

Tax Code _____

Enrolment Data

Name _____

Surname _____

Exact title of your post _____

Company _____

Telephone _____ Mobile Phone _____

Fax _____ E-mail* _____

Address _____

Postal code _____ City _____ Country _____

I send this enrolment form with the copy of payment quittance

*** communications will be done only by e-mail**

I authorize processing my personal data according to Italy's data protection code (Legislative Decree no. 196/2003) in force on January 1st 2004, Italian Law 196/03 concerning privacy.

Signature _____

The processing of personal data held within the database of the SFC and in compliance as determined by D. Decree 196/2003 on the protection of personal data. Your information will not be communicated or disclosed to third parties and you can ask at any time, modify, cancel or oppose their use. I wish to be informed about the activities of the SFC also not related to the workshop.

Signature _____

Send Enrolment form to:

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Scuola di Formazione Continua
Via Emilio Longoni, 47 - 00155 Roma
Fax: +39 06.22.541.313 - e-mail: a.orasanu@unicampus.it