ESSIC 2019 ANNUAL MEETING

Amsterdam 5 – 7 Dec, 2019

	REGISTRATION FORM	
*Compulsory field		
First Name*	Last Name*	
Birthplace*	Day of birth*	
Tax Code* _ _ _ _ _ _ _ _	Profession*	
Practice Specialty*	Address*	
City/Sate*	Post Code*	Prov*
Phone* Fax	Email*	
Registration Body Registration N	Sponsor Invitation (name)
INVOICE TO		
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or Company Name*	Vat Code* _ _ _ _ _ _ _	
Tax Code* _ _ _ _ _ _ _ _ _	_ _ Address*	
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E-mail* Phone*		
FOR ITALIAN PARTICIPANTS ONLY (The 2018 italian budget law Codice Destinatario SDI* _ _ _ _ _ _ _ HOW TO REGISTER Please send the registration form to the organizing sec	PEC*	
registration will be possible.	, , ,	, ,
REGISTRATION FEES		
	Until 31 st July	After 31 st July
MD, MhD	€ 200	€ 300
MD, MhD – ESSIC Members	€ 150	€ 250
Nurse & Care Workers	€ 100	€ 200
Students & Residents	€ 50	€ 50
Patients	€ 50	€ 50
All costs are in euros, VAT free (for Participants and Companies) The registration fee includes: certificate of attendance, CME rela THIS FORM CAN ALSO BE COMPLETED ON LINE at www.d		o the exhibition area.
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Cancellation Policy: Refund of registration fees will be ma	ade as follows: until 31st July - 75% refund. Afte	er this deadline, no refund can be issued.
Use of personal data - I hereby authorize the use of my person. I have no objections in sharing my data with third parties involved. I / The undersigned give consent deny consent to disclose my personal data, which are to be treated by Defoe www.defoe.it give consent deny consent to disclose my personal data, to third parties or companies required those data are needed to comply with legally binding obligation give consent deny consent to disclose my personal data to sponsoring companies, when for give consent deny consent deny consent	sed in Meeting Organization and/or services, e.g. phases. SRL, in compliance with policies and purposes indicates and purposes indicates and purposes indicates.	armaceutical or medical appliance industries ated in Defoe disclaimer on privacy policy, available at
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