

BARCELONA - 25 • 26 • 27 April 2019

| | | | |
|--|--|---------------------------|--|
| First Name* | | Last Name* | |
| Birthplace* | | Day of birth* | |
| Tax Code* _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | | Profession* | |
| Practice Specialty* | | Address* | |
| City/Sate* | | Postal Code* | |
| Phone* Fax | | Email* | |
| Registration Body Registration N° | | Sponsor Invitation (name) | |

| | |
|--|------------------------------------|
| First Name* | Last Name* |
| or Company Name* | Vat Code* _ _ _ _ _ _ _ _ _ _ _ _ |
| Tax Code* _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | Address* |
| City/Country* | Postal Code* |
| E-mail* | Phone* |

| | |
|--------------------------|------|
| Codice Destinatario SDI* | PEC* |
|--------------------------|------|

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