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ISS MEETING/CONFERENCE REGISTRATION FORM
Participation free

Instruction to fill in the registration:

- 1) Clear writing
- 2) The registrations unreadable will not be considered
- 3) Submitting the title and the date of the specific event
- 4) Filling in all the areas

TITLE: FIRST INTERNATIONAL CONGRESS "NARRATIVE MEDICINE AND RARE DISEASES"

N° ID of the event: 022D12

Date: 4 June 2012

PERSONAL DATA

Family name:	First Name:
Date of birth (dd/mm/yy):	
Place and Country of Birth:	
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
Address:	
ZIP code:	Town:
State/Province:	Country:
Phone number:	Fax:
E-mail:	

PROFESSIONAL DATA

Educational qualification	<input type="checkbox"/> Diploma:
	<input type="checkbox"/> University Degree:
Affiliation:	
Address:	
ZIP code:	Town:
State/Province:	Country:
Phone number:	Fax:

Note: These information will be used by Secretariat for further communications



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POSITION

Company activity (Public health organization, University, etc.):
Company name:
Department:
Title/Position in your organisation:

**Please fill (in capital letters) and send by fax the signed registration form to:
0039.06.49904370 no later than 30 May 2012.**

Signature.....

Date.....

INFORMATION COLLECTED ON THIS FORM WILL BE HELD IN ACCORDANCE TO THE D.LGS. 196/2003 FOR THE PURPOSES OF PROCESSING YOUR APPLICATION AND FOR STUDENT ADMINISTRATION . IT WILL BE HELD SECURELY AND NOT PASSED ON TO THIRD PARTIES. ACCORDING TO THE ART. 13 OF THE ABOVE MENTIONED LAW, YOU HAVE THE RIGHT TO ASK FOR THE AMENDMENT OR CANCELLATION OF YOUR DATA.
I.S.S. - ISTITUTO SUPERIORE DI SANITÀ IS RESPONSIBLE FOR THE DATA HANDLING AND PROCESSING.

Signature.....

Date.....