



LATARJET *lights and shadows*

Seraphicum Auditorium
Rome, 23 October 2010

Time: 8.30am - 1.00pm

CONFERENCE REGISTRATION WILL BE CONSIDERED VALID ONLY AFTER RECEIPT OF THIS FORM DULY FILLED OUT, TOGETHER WITH A COPY OF THE RECEIPT FOR PAYMENT OF THE REGISTRATION FEE OF € 60,00 (includes VAT)

REGISTRATION FORM

To be sent to the Segreteria Organizzativa (Organizational Office) by and no later than 15th October 2010 either by fax to the number **+39 06 83 39 99 25** or by e-mail to info@laspalla.it

First name _____ Last name _____

Address _____

Post (Zip) Code _____ Town _____ Phone _____

e-mail _____ @ _____

Tax code / VAT reg. no. _____

Date of birth _____ Place of birth _____

Title _____

Signature _____ Date _____

Request for permission to process personal data (Legislative Decree no. 196 of 30/06/03)

The undersigned, acknowledging the information contained in Legislative Decree no. 196 of 30/06/03, pursuant to Article 9 of said Legislative Decree consents to the processing of his/her personal data, thereby permitting the formalization of mutual contractual and economics relations, as well as the management of informational, organizational and commercial communications.

The undersigned may, at any time, exercise the right specified in Article 18, including the right to object to the processing of his/her data for the purposes envisaged or request that they be modified or deleted.

Signature _____ Date _____

Payment may be made online (site: www.spalla.it - "Didattica" tab), or by bank transfer to the name of: Medical Surgical Service srl - L.go Antonelli, 2 - 00145, ROMA - IBAN: IT 20 F 05696 03214 00000 5090X08 C - Swift: POSO IT 22, Banca Popolare di Sondrio ag. 14 - Rome