



ISTITUTO G.GASLINI

# REGISTRATION FORM



Please fill in and return to the Organizing Secretariat by May 2, 2006  
Tel.: 010/5636.805/554, Fax: 010/3776590, e-mail: sisp@ospedale-gaslini.ge.it

**Title of the event: Fourth course on Genetics and Renal Diseases**

**ID of the event: 562**

**Italian C.M.E. ID n°: 693-242670/242669**

**Venue: Sala Chierici, Biblioteca Berio, Genova**

**Date: June 8-10, 2006**

**Personal data:**

NAME ..... FAMILY NAME.....  
 Private address: .....  
 ZIP code ..... Town..... Country.....  
 Tel...../..... Mobile..... Fax...../  
 e-mail.....  
 Institute.....  
 Work address:.....  
 ZIP code..... Town..... Country.....  
 Tel...../..... Mobile..... Fax...../.....

**For Italian registrants only:** For purposes of Continuing Medical Education accreditation, please provide the following information:

**Data di nascita:** \_\_\_\_\_ **Luogo di nascita:** \_\_\_\_\_  
**Codice fiscale:** \_\_\_\_\_  
**Professione:** \_\_\_\_\_ **Disciplina:** \_\_\_\_\_

**Invoice/Receipt** (Please specify to whom the invoice/receipt of your payment should be made out)

The invoice should be made out to .....  
 address.....N°..... Zip code..... Town.....  
 and sent to the: private work address  
 other address : .....

**Registration fee**

The registration fee of euros [€350,00 - **Reduced fees: €175,00 for residents €100,00 for one day only \***] must be paid within 5 days after the confirmation of acceptance by the Organizing Secretariat

**Payment can be made by:**

A) **Credit card:** American Express - Eurocard - Maestro - Mastercard - Visa


Card N° \_\_\_\_\_ expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/YY)

Amount authorised \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

B) **Bank transfer** to: Istituto Giannina Gaslini, Account no. 4632/90  
 Banca CaRiGe SpA, Agenzia 58, sportello Gaslini. - Cod. ABI 6175 - CAB 1583  
*Please specify on the transfer "Registration for (the name of the event)" on behalf of (registrant's name).*  
*Please send (preferably by fax) copy of the transfer once it has been ordered*  
 All related banking costs are at the registrant's expenses

C) **Check** payable to Istituto Giannina Gaslini and sent to the Organizing Secretariat with this form duly signed

\* The registration fee can be reimbursed only with a 5 days notice before the beginning of the event.

ISTITUTO G.GASLINI	<h1>REGISTRATION FORM</h1>	
--------------------	----------------------------	---

**Privacy policy; (Art.13, Italian law 196/2003)**

SISP will make use of the data provided exclusively for the purpose of the present event including the Italian Continuing Medical Education programme procedures. They will be forwarded to the Italian CME National Commission, stored in the SISP database and used to keep you informed on relevant SISP forthcoming events and in case of your future attendance at SISP events. Please tick the box if you wish we erase your data.   
The Istituto G. Gaslini, L.go G. Gaslini 5, 16147 Genova is the holder of the data.

Date..... Signature.....