

REGISTRATION FORM
4th PAVIA UPDATE ON BREAST CANCER & SenoNetwork FOCUS ON
Pavia, 15-17 May, 2014

Surname _____ Name _____

Current position : Physician (specialty _____)

Biologist Nurse Resident Student

Affiliation/Company _____

City _____

ANISC Member YES NO

17 MAY (Citinzery, Advocacy Members and General Practitioners meeting) FREE OF CHARGE

15-16 MAY (Conference)

15 MAY (one day conference registration)

16 MAY (one day conference registration)

Attached bank transfer receipt amount € _____

Registration free of charge for students

PERSONAL DETAILS

Date of birth _____ Birthplace _____

Social Security Number _____

Private address _____

Postcode _____ City _____

Telephone number _____

Mobile number _____

E-mail* _____ @ _____

* E-mail address is compulsory to receive confirmation of registration and further communications.

INVOICE TO (only if different from personal details)

Company name and address :

Social Security Number :

Company VAT registration number:

In accordance to the Italian law 196 of June 30th 2003, AICA guarantees maximum confidentiality from which is communicated by you and the possibility to ask for cancellation or data corrections. The data could be used to send information of our activities. Select the box if you CONSENT.

Date _____ Signature _____

Registration forms should be submitted by fax (0382 502508)
or e-mail (congressi@smatteo.pv.it) before 7th May, 2014