

This application has to be sent to:
e20econvegni s.r.l.

fax 0883.954388 - mail: staff@e20econvegni.it

FAMILY NAME _____ FIRST NAME _____

C.F. (ONLY FOR ITALIAN PARTICIPANT) _____

PHYSICIAN SPECIALIZATION _____

SENDING INSTITUTION _____

_____ CITY _____ PROV. _____

C.A.P. _____ EMAIL _____

MOBILE _____

Sponsored By _____

PARTICIPATION FEE
(22% VAT included)

- Euros 700,00
- Euros 500,00

PAYMENT METHOD: bank transfer

BENEFICIARY: e20econvegni srl

IBAN CODE: IT 81 S 03069 41725 1 0000 000 6078

BIC SWIFT CODE: BCITITMM

REASON: Winter School MSK Radiology 2020

Invoice to: _____

Address: _____

City: _____ C.A.P. _____

VAT Code: _____

Email PEC: _____ Recipient Code _____

Treatment of personal data in accordance with UE rules 2016/679

DATE _____

SIGNATURE _____