

This application has to be sent to:

e20econvegni s.r.l.

mail: staff@e20econvegni.it

Event coordinator: Silvia Ceci ☎ 389/6049229

FAMILY NAME _____ FIRST NAME _____

C.F. (ONLY FOR ITALIAN PARTICIPANTS) _____

MEDICAL SPECIALIZATION _____

SENDING INSTITUTION _____

_____ CITY _____ PROV. _____

C.A.P. _____ EMAIL _____

MOBILE _____

Sponsored By _____

PARTICIPATION FEE (22% VAT included)

"SIRM" MEMBERS:

• Euros 900,00 • Euros 700,00

"NO-SIRM" MEMBERS:

• Euros 1050,00 • Euros 850,00

RESIDENTS:

• Euros 750,00 • Euros 550,00

***CHECK THE PROGRAM FOR THE
DIFFERENT PARTICIPATION FEE**

PAYMENT METHOD: bank transfer

PAYEE: e20econvegni srl

IBAN CODE: IT 83 T 088444172 0000 000 705121

SWIFT CODE: ICRAITRRNG0

PURPOSE: WINTER SCHOOL MSK RADIOLOGY 2027

Invoice to: _____

Address: _____

City: _____ C.A.P. _____

VAT Code: _____

Email: _____ Recipient Code _____

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

DATE _____

SIGNATURE _____