

CEMEC REGISTRATION FORM

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(Please write clearly and complete all fields)

SURNAME _____ NAME _____

Date and Place of birth _____

M	F
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Qualification _____ Workplace _____

ADDRESS _____ N° _____ Zip Code _____

CITY _____ Country _____

Mobile Phone _____ TEL _____ FAX _____

E MAIL _____

I wish to attend:

Safeguarding Disaster Medicine Operators in Non-Permissive Environments APRIL 17 2024		FREE
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I, the undersigned _____ declare that I am aware of the information referred to in Art.13 and 14 of EU Reg. 679/ 2016 and Law 171/2018, in particular with regard to the rights granted to me by the aforementioned legislation and consent to the processing- of personal contact data for marketing activities through the sending of promotional material related to services similar to those covered by the relationship established with Cemec · agree · not agree

Signature _____ Date _____