

# CEMEC REGISTRATION FORM

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(Please write clearly and complete all fields)

SURNAME \_\_\_\_\_ NAME \_\_\_\_\_

Date and Place of birth \_\_\_\_\_  M  F

Qualification \_\_\_\_\_ Workplace \_\_\_\_\_

ADDRESS \_\_\_\_\_ N° \_\_\_\_\_ Zip Code \_\_\_\_\_

CITY \_\_\_\_\_ Country \_\_\_\_\_

Mobile Phone \_\_\_\_\_ TEL \_\_\_\_\_

E MAIL \_\_\_\_\_

## I wish to attend:

<p><b><i>"Frontline Resilience: Disaster Medicine in Conflict Zones – Stories from Ukraine"</i></b></p> <p><i>22 march 2024, from 12:00 PM to 6:45 PM (Central European Time).</i></p>	<p>online course</p>
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## Personal Data Processing:

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 \_\_\_\_\_