

CEMEC REGISTRATION FORM

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(Please write clearly and complete all fields)

SURNAME _____ NAME _____

Date and Place of birth _____

Qualification _____ Workplace _____

ADDRESS _____ N° _____ Zip Code _____

CITY _____ Country _____

Mobile Phone _____ TEL _____

E MAIL _____

I wish to attend:

<i>“Forensic Science and Disaster Management”</i> <i>23 February 2024, from 09:00 AM to 04:00 PM (Central European Time).</i>	on line course
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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 _____