



**I wish to attend the Course:**

<b>P.B.L.S.D Paediatric Basic Life Support Defibrillation</b> Lay (on demand)	<input type="checkbox"/>	date_____	65 €
<b>P.B.L.S.D. Lay retraining</b> (on demand)	<input type="checkbox"/>	date_____	50 €
<b>B.L.S.D. Basic Life Support Defibrillation</b> Lay (on demand)	<input type="checkbox"/>	date_____	65 €
<b>B.L.S.D. Lay retraining</b> (on demand)	<input type="checkbox"/>	date_____	50 €

**TO BE FILLED IN TO:** [cemec@iss.sm](mailto:cemec@iss.sm) or fax: **0549-903706**

**Info courses:** 0549-994535 / 994600 [www.cemec-sanmarino.eu](http://www.cemec-sanmarino.eu)

**REGISTRATION FORM** (Please write in block letters and complete all fields)

NAME\_\_\_\_\_SURNAME\_\_\_\_\_

Place and date of birth \_\_\_\_\_

QUALIFICATION \_\_\_\_\_

TAX CODE \_\_\_\_\_

VIA\_\_\_\_\_N°\_\_\_\_\_CAP\_\_\_\_\_

TOWN\_\_\_\_\_PROV\_\_\_\_\_

TEL.\_\_\_\_\_FAX\_\_\_\_\_PHONE.\_\_\_\_\_

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

**INVOICE REQUEST: (only for holders of a VAT number or C.O.E. for San Marino Rep.)**

Make invoice payable to:\_\_\_\_\_

Address\_\_\_\_\_

CAP\_\_\_\_\_Town \_\_\_\_\_Prov \_\_\_\_\_

VAT number\_\_\_\_\_

**Method of Payment:**

Bank transfer payable to: CEMEC IBAN: SM 37 L 06067 09801 0000 10151057  
Cassa di Risparmio di San Marino agency Via O. Scarito, 7- 47893 Borgo Maggiore R.S.M.  
(Fees include course registration, teaching materials)

**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 recognised to me by the aforementioned legislation and that I consent to the processing of my personal contact data for marketing activities through the sending of promotional material relating to services similar to those covered by the relationship established with Cemec

· soon consent · i deny consent

signature\_\_\_\_\_Date\_\_\_\_\_