

CEMEC REGISTRATION FORM

To send: cemec@iss.sm fax: 0549-903706

Phone: (+378) 0549-994535 / 994600 www.cemec-sanmarino.eu



(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 _____ FAX _____

E MAIL _____

I wish to attend:

CEMEC UHS CBRNe MEDICAL COURSE – Ankara Turkey			300 €
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(Coffee breaks and lunch included for both days of the course)

Method of Payment:

Bank Transfer to: **CEMEC IBAN: SM 37 L 06067 09801 0000 10151057**

Cassa di Risparmio di San Marino agenzia Cailungo Via O. Scarito, 7- 47893 Borgo Maggiore R.S.M.

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 _____