

# Registration form

Cod. CAR 16\_RE\_2341

12<sup>th</sup> MEET THE PROFESSOR

## Advanced International Breast Cancer Course

Padua, September 29<sup>th</sup>-30<sup>th</sup>, 1<sup>st</sup> October 2016

PLEASE FILL OUT CLEARLY

First and last name .....

How did you learn about the Meeting: .....

ANM Website     postal     e-mail     brochure     more .....

Invited by (sponsor) .....

Codice fiscale (only for Italian participants) .....

Place and date of birth .....

Profession .....

(i.e. physician, biologist, laboratory technician, etc)

Specialization .....

Free Lance     Public Employee     Operating within the national health system     Unemployed

Position title .....

Institution .....

Division/Department .....

Institution Address .....

Zip code ..... City ..... State .....

Phone number ..... Fax number .....

E-mail address .....

E-mail PEC\* .....

Home Address .....

Zip code ..... City ..... State .....

Home Phone ..... Mobile .....

The parts in bold are mandatory, the incomplete or inaccurate compiling (tax code, birth date, etc.) of the application form may result in the failure to receive the CME Credits related to the event (only for Italian participants).

### PAYMENT AND INVOICE\*\*

Registration fee: **€ 250,00** Registration fee for Graduate Students: **€ 150,00** Registration fee for nurses: **€ 150,00**

The payment of the registration fee, without which it will not be considered complete, will be done through:

bank transfer addressed to: ACCADEMIA NAZIONALE DI MEDICINA, BANCO POPOLARE - IBAN: IT11M050340140500000000966 SWIFT(BIC) CODE: BAPPIT22 (indicate: "Registration of Dr. ... at Course 16\_RE\_2341) **sending a copy to the fax number: +39 51 6364605.** All transfer charges have to be paid by senders.

non-transferable cheque addressed to Accademia Nazionale di Medicina

Credit Card Details (electronic cards are not accepted):

- kindly submit your credit card details online via PayPal system (for additional information, visit <http://meettheprofessor.accmed.org>) or
- send the following details by fax (+39-51 6364605)

MasterCard     Visa     EuroCard

Name as printed on the card ..... Date of birth .....

Card n. (16 numbers) .....

Expiration date..... CCV (3 numbers in the back of the card) .....

Signature .....

**INVOICE HEADING** .....

Address ..... City .....

Zip code ..... State .....

Codice fiscale (only for Italian participants) .....

VAT Number .....

\* this is better to receive CME Certificate; \*\* for cancellation and reimbursement please see in the program the part concerning "registration"

## Privacy statement for personal information

According to the provisions of law D.Lgs 196/2003 "protection of personal information"

To the attention of the participants of the events organized by Accademia Nazionale di Medicina

**Subject**  
The following statement regards your personal information processed by Accademia Nazionale di Medicina. Collected personal information are not sensitive data.

**Purpose**  
Your personal information will be processed for the following purposes: (A) supply of educational products/services and for all the related legal, accounting and paperwork processes; (B) promotion of events organised by Accademia Nazionale di Medicina.

**Conditions**  
Handling of personal data, through paper and electronic tools, is managed in order to guarantee their safety and privacy.

**Communication and circulation**  
Your information is not used out of Accademia Nazionale di Medicina (except specific provisions below). In order to achieve the above mentioned purposes, some of your information could be shared with the following subjects: postal service, banks or lending institution, services agencies, information technology supplier, other agencies or companies needed for the above mentioned purposes, subjects who can access to personal information by law, complying with any restriction imposed by law.

Regarding events with ECM credits and according to the ECM provisions, some of your personal information will be reverted to the Italian Ministry of Health (Ministero della Salute).

**Obligations of data submission**  
Submission and authorization regarding your personal information are optional, but they are necessary for the accomplishment of the above mentioned purposes. Specifically, if the authorization is denied for the purpose stated as per point (A), Accademia Nazionale di Medicina will not be able to proceed with your registration and the related procedure, and as per point (B) Accademia Nazionale di Medicina will not be able to promote any event on your behalf.

**Rights of the person concerned**  
You can use your rights at any times toward the handler of the authorization according to the provisions of law Art. 7 del D.Lgs 196/2003, specifically: obtain the update, modification or integration, cancellation, change for the anonymous form of your data, or block your data handling in case it was performed in violation of law.

**Handler and responsibility**  
The handler and responsible of your personal data is Accademia Nazionale di Medicina, a non profit organization with an office at "Via Martin Piaggio 17, 16122 Genoa" and head office in "Via Martin Piaggio 17, 16122 Genoa".

**Request of authorization to process your personal data**  
According to the provisions of law D.Lgs 169/2003 "protection of personal information"  
The undersigned (name and family name in capital letters)

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Having read the privacy statement as per art. 13 and knowing my legal rights as per art. 7 of Lgs 196/2003, regarding the purposes

as per point (A)  I do authorize  I do not authorize  
the use of my personal information, according to the provisions of law and the privacy statement above.

Date ..... Signature .....

as per point (B)  I do authorize  I do not authorize  
the use of my personal information, according to the provisions of law and the privacy statement above.

Date ..... Signature .....