Registration form

Cod. CAR 19_RE_2781

15th MEET THE PROFESSOR

Advanced International Breast Cancer Course

Padua, October 10-12, 2019

PLEASE FILL OUT CLEARLY

First and last name ....

How did you learn about the Meeting: ....
❑ ANM Website   ❑ 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 ....

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:
  IT11M0503401405000000000966 SWIFT(BIC) CODE: BAPPIT22 (indicate: "Registration of Dr. ... at Course
  19_RE_2781) **sending a copy to the fax number: +39 510569162.** All transfer charges have to be paid by senders.
❑ Credit Card: Write legibly e-mail address to send pro-forma of Pay-Pal payment (It is not required to hold
  a Pay Pal account)

....

Signature...

INVOICE HEADING

Address .... City ....

Zip code ....State ....

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

VAT Number ....

* for cancellation and reimboursement please see in the program the part concerning "registration"

Privacy Notice for Users of Services provided by Accademia Nazionale di Medicina

Data Controller
Accademia Nazionale di Medicina (Genova)

Purposes of treatment
1. To perform administrative, organizational and technical tasks associated with the provision of the services you request.
2. To perform tasks mandated by national and EU laws (e.g. accounting, fiscal, CME tasks).
3. To promote our services by sending personal communications to you and by performing market analysis.
4. To analyse your habits and behaviours while using our digital services and products in order to improve them and to design new ones.

Legal bases of treatment
1. Executing contractual and pre-contractual agreements between the parties (i.e. processing your request of the services we provide)
2. Performing actions mandate by national and EU laws.
3. Your consent.
4. Your consent.

Categories of data
- Common data (e.g. name, surname, contact details, professional details, administrative details, etc.)
- Attendance data at educational/training events, if applicable
- Service data, voluntarily provided by you while using our online service and products (e.g. user name, shared contents, answers to online surveys, etc.)
- Service data, generated automatically while using our online services and products (e.g. IP address, type of browser, log of accessed contents, etc.)

Sharing data with third parties
- We might share your data with third parties that are instrumental to achieve what specified at bullet 1,2, and 3 of the section "Purposes of treatment" of this privacy notice.
- Only for CME accredited activities, some of your data will be shared with AGENAS (an Agency belonging to the Italian Mister of Health) as required by the applicable CME regulation.

Your rights
Concerning your personal data, you have the following main rights: **(A)** to access, **(B)** to erase or rectify; **(C)** to restrict processing; **(D)** to object to processing; **(E)** to data portability. In any case, you have the right to complain to the supervisory authority for data protection.

Additional information
You can access additional information about the processing of your personal data at the following address: www.accmed.org/privacy

User's Consent
Name and Surname in capital letters

Having read the privacy notice for users of services provided by Accademia Nazionale di Medicina, I provide my consent to the treatment of my personal data for the following purposes:

1. To promote Accademia Nazionale di Medicina's services by sending personal communications to me and by performing market analysis.
   ☐ YES ☐ NO

2. To analyse my habits and behaviours while using Accademia Nazionale di Medicina's online services and products in order to improve them and to design new ones.
   ☐ YES ☐ NO

DATE ___/___/_____   SIGNATURE _____