

## REGISTRATION FORM

- PHYSICIAN specialised in \_\_\_\_\_
- Pharmacist     Nurse     Biologist     Dietician     Physiotherapist
- Speech therapist     Radiology technician     Audiometric technician
- Neurophysiopathology technician     Biomedical laboratory technician
- Cardiovascular physiopathology and cardiovascular perfusion technician

Full name \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Tax code \_\_\_\_\_ Address \_\_\_\_\_

Zip code \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

**REQUEST FOR BRITISH SCHOOL CERTIFICATE** on 4th December  Yes\*  No  
Payment € 45,00 by bank transfer to CENTRO STUDI ENRICO FERMI S.R.L.  
**IBAN IT91C0103042770000001277985 BIC PASCITM1894**  
reason "Attestato frequenza corso lingua inglese AiBSE 4 dicembre 2024"

### REQUEST FOR WORKSHOP REGISTRATION:

#### 3TH DECEMBER

- Social sciences on stage. Beyond the binary: the transgender experience in healthcare.  
(Theatrical representation)

#### 4TH DECEMBER

- Aortic: Evar Step by Step
- Carotid: Intraoperative Quality Control
- Emergencies In Vascular Surgery

#### 5TH DECEMBER

- History of Medicine
- Endovenous Treatment of Chronic Venous Insufficiency
- Wound Care

Date \_\_\_\_\_

Signature \_\_\_\_\_

The completed and signed registration form should be sent by: [info@promodea.it](mailto:info@promodea.it)