

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

RECRUITED BY: _____

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