

Learning Extreme Interventions in Brescia

APPLICATION FORM

for a new learning experience at the Istituto Clinico Città di Brescia Hospital in Brescia, Italy
(from November, 2009 to April, 2010)

Please complete this form using block capital letters and send it to the Organizing Secretariat **ADB Eventi&Congressi**
(ph. 0039-051-4072960 / fax 0039-051-4072964 / e-mail info@adbcongressi.it)

PERSONAL DATA

SURNAME _____ NAME _____
PLACE OF BIRTH _____ DATE OF BIRTH _____
HOME ADDRESS _____
ZIP CODE _____ CITY _____ STATE _____ COUNTRY _____
PHONE _____ FAX _____ MOBILE PH. _____ E-MAIL _____

INSTITUTE DATA

INST., HOSP., DIV. _____ ADDRESS _____
ZIP CODE _____ CITY _____ STATE _____ COUNTRY _____
PHONE _____ FAX _____ E-MAIL _____

MEDICAL SPECIALIZATION _____

REQUIRED MATERIALS

- curriculum vitae with all relevant information related to personal studies, research, scientific publications and professional experience
- degree certificate and post-graduate specializations certificates in jpeg format
- Accident Insurance with a validity abroad
- Third Party Insurance with a validity abroad
- a copy of Identity Card or Passport

REGISTRATION FEE

Practical and Basic Theoretical Program

+

Complimentary Advanced Theoretical Program

- I wish to attend the 5 day Complimentary Program with 1 issue € 1.500,00 (VAT included)
- I wish to attend the 10 day Complimentary Program with 2 issue € 2.500,00 (VAT included)
- I wish to attend a Complimentary Long Period Program with 4 issue (to be quoted upon demand)

I will be available to attend the program in the following weeks:

1st choice from (day/month) _____ to (day/month) _____

2nd choice from (day/month) _____ to (day/month) _____

3rd choice from (day/month) _____ to (day/month) _____

The Organizing Secretariat will confirm one of the proposed periods.

CERTIFICATION

I certify that all the statements made in this application and in the application materials are correct and that I have read and understood the application form in its entirety.

Signature _____ Date _____

PRIVACY

According to Italian Law n. 196/03 on privacy protection, all personal data will be treated strictly confidentially. I therefore authorize ADB Eventi&Congressi and to use my personal data to process my registration for this Educational Grant and to keep me informed on Scientific events of my interest

Signature _____ Date _____