

# EVIVENICE® TRAINERSHIP IN EXTREME VASCULAR INTERVENTIONS

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*EviVenice® is pleased to give medical fellows the opportunity to apply for a **Trainership in Extreme Vascular Interventions** in the Istituto Clinico Città di Brescia Hospital, Brescia, Italy. About 800 Btk procedures per year are performed in this Institution.*

*This Trainership intends to support motivated physicians who want to develop their skills with dedicated training and education, in order to gain knowledge and experience about basic and practical tools in the emerging field of endovascular interventions.*

## REGISTRATION FORM

In order to apply for the Trainership, 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@evivenice.com](mailto:info@evivenice.com))

### PERSONAL DATA

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

### INSTITUTE DATA

INST., HOSP., DIV. \_\_\_\_\_ ADDRESS \_\_\_\_\_  
ZIP CODE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_  
Medical Specialization \_\_\_\_\_

### REGISTRATION FEES

The Trainership in Extreme Vascular Interventions can have the duration of 5 or 10 days (available from February to December, 2009) and includes medical training, lunch and the Attendance Certificate.

**5 DAY TRAINERSHIP: € 1.500,00 (VAT included)**

**10 DAY TRAINERSHIP: € 2.500,00 (VAT included)**

I wish to attend the 5 day Trainership

I wish to attend the 10 day Trainership

I will be able to attend the Trainership in the following periods:

1<sup>st</sup> choice from (day/month) \_\_\_\_\_ to (day/month) \_\_\_\_\_

2<sup>nd</sup> choice from (day/month) \_\_\_\_\_ to (day/month) \_\_\_\_\_

3<sup>rd</sup> choice from (day/month) \_\_\_\_\_ to (day/month) \_\_\_\_\_

On receipt of this Registration Form the Organizing Secretariat will confirm one of the proposed periods and provide the bank details for the payment of the Registration Fee

**The Organizing Secretariat will be pleased to provide travel and accommodation facilities at special rates upon demand.**

### 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 to use my personal data to process my registration in this Trainership and to keep me informed on Scientific events of my interest

Signature \_\_\_\_\_ Date \_\_\_\_\_