



E. M. R. S. S.

**Euro Mediterranean
Rehabilitation Summer School**

Siracusa, Italy

13° E.M.R.S.S. COURSE

MANUAL MEDICINE

Syracuse 27th – 30th November 2017

REGISTRATION FORM

(**only for students chosen by UEMS, ESPRM, SIMFER, Mediterranean Forum PRM**)

Surname _____ Name _____
Date of birth _____ Gender _____ Nationality _____
Postgraduate School of the University of _____
Arrival date _____ Departure date _____
Personal address _____
Postal code _____ City _____ Nation _____
Phone _____ Fax _____
E-mail _____

TRANSFER TO AND FROM AIRPORT

Each participant will have to book the transfer from/to airport personally.

It is possible use public or private buses that you can find on the website (www.emrss.it).

Signature _____

Consent to personal data treatment.

The undersigned hereby give his consent to the processing of personal data pursuant to Legislative Decree 196/2003 for the purposes required for registration to this course.

Date ____/____/____

Signature _____

To Send **only in PDF format** to : elianacirillo@virgilio.it

within **30th July 2017**