



E. M. R. S. S.

**Euro Mediterranean  
Rehabilitation Summer School**

Siracusa, Italy

### 13° E.M.R.S.S. COURSE

### MANUAL MEDICINE

Syracuse 27<sup>th</sup> – 30<sup>th</sup> November 2017

### REGISTRATION FORM

Surname \_\_\_\_\_ Name \_\_\_\_\_  
Date of birth \_\_\_\_\_ Gender \_\_\_\_\_ Nationality \_\_\_\_\_  
Postgraduate School of the University of \_\_\_\_\_  
Personal address \_\_\_\_\_  
Postal code \_\_\_\_\_ City \_\_\_\_\_ Nation \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

#### **REGISTRATION FEE**

**The registration fee is € 80,00 for specializing (Certified by the university )**

**The registration fee is € 120,00 for young specialist**

Money must be sent only by bank transfer.

These are the details of the bank account:

Euro Mediterranean Rehabilitation Summer School

Bank: Banco Popolare Siciliano

**IBAN : IT62J050341710000000180911**

**SWIFT: BAPPIT21U62**

**Please, enclose the copy of the bank transfer.**

#### **ACCOMODATION AND TRANSFER TO AND FROM AIRPORT**

It is suggested to book Jolly Aretusa Palace Hotel ( venue of congress - price agreement )

On the site [www.interbus.it](http://www.interbus.it) you will find times of transfer from airport.

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](mailto:elianacirillo@virgilio.it)

**within 20th September 2017**