



**E. M. R. S. S.**

**Euro Mediterranean  
Rehabilitation Summer School**

Siracusa, Italy

**18 EMRSS COURSE**

**Siracusa 29 October 2023 – 1 November 2023**

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**CERVICAL SPINE DISORDERS**  
**Capsular/Ligament/Osteo/Muscular/Fascial**  
**Disfunction**

**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 \_\_\_\_\_

Certified by Prof. \_\_\_\_\_ Director Graduate School University \_\_\_\_\_

**REGISTRATION FEE**

**The registration fee is € 100,00 for specializing (Certified by the University)**

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 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 to : [emrss.sr@gmail.com](mailto:emrss.sr@gmail.com)**

**within 15th September 2023**