

This application has to be sent to:  
**e20econvegni s.r.l.**

fax 0883.954388 - mail: staff@e20econvegni.it

FAMILY NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

C.F. (ONLY FOR ITALIAN PARTICIPANTS) \_\_\_\_\_

**PHYSICIAN SPECIALIZATION** \_\_\_\_\_

SENDING INSTITUTION \_\_\_\_\_

\_\_\_\_\_ CITY \_\_\_\_\_ PROV. \_\_\_\_\_

C.A.P. \_\_\_\_\_ EMAIL \_\_\_\_\_

MOBILE \_\_\_\_\_

Sponsored By \_\_\_\_\_

**PARTICIPATION FEE  
(22% VAT included)**

- Euros 700,00
- Euros 500,00

**PAYMENT METHOD:** bank transfer

**BENEFICIARY:** e20econvegni srl

**IBAN CODE:** IT 81 S 03069 41725 1 0000 000 6078

**BIC SWIFT CODE:** BCITITMM

**REASON:** Winter School MSK Radiology 2020

Invoice to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ C.A.P. \_\_\_\_\_

VAT Code: \_\_\_\_\_

Email: \_\_\_\_\_ Recipient Code \_\_\_\_\_

Treatment of personal data in accordance with UE rules 2016/679

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_