

This application has to be sent to:

**e20econvegni s.r.l.**

fax 0039.0883.954388 - 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 \_\_\_\_\_

PARTECIPATION FREE  
(22% VAT included)

- Euro 700,00
- Euro 500,00

PAYMENT METHOD: bank transfer

BENEFICIARY: e20econvegni srl

IBAN CODE: IT 81 5 03069 41725 1 0000 000 6078

BIC SWIFT CODE: BCITITMM

REASON: Winter School MSK Radiology 2022

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 \_\_\_\_\_