

This application has to be sent to:

**e20econvegni s.r.l.**

mail: [staff@e20econvegni.it](mailto:staff@e20econvegni.it)

Event coordinator: Silvia Ceci ☎ 389/6049229

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

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

**MEDICAL SPECIALIZATION** \_\_\_\_\_

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

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

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

MOBILE \_\_\_\_\_

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

PARTICIPATION FEE (22% VAT included)

**"SIRM" MEMBERS:**

• Euros 900,00 • Euros 700,00

**"NO-SIRM" MEMBERS:**

• Euros 1050,00 • Euros 850,00

**RESIDENTS:**

• Euros 750,00 • Euros 550,00

**\*CHECK THE PROGRAM FOR THE  
DIFFERENT PARTICIPATION FEE**

PAYMENT METHOD: bank transfer

PAYEE: e20econvegni srl

IBAN CODE: IT 83 T 088444172 0000 000 705121

SWIFT CODE: ICRAITRRNGO

PURPOSE: WINTER SCHOOL MSK RADIOLOGY 2026

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

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

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

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

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

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

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_