



Workshop:
Incorporating Telemedicine into
the Integrated Care of the COPD Patient

September 7th - 8th 2017
Regina Palace Hotel in Stresa Italy

APPLICATION FORM ▪ Please fill the form in all its parts

LAST NAME AND FIRST NAME _____

TITLE/POSITION _____

DISCIPLINES _____

ADDRESS _____

ZIP CODE _____ CITY _____ PROVINCE _____

MOBILE PHONE _____ PHONE _____ FAX _____

EMAIL _____

FISCAL CODE

VAT NUMBER _____

LOCATION AND DATE OF BIRTH _____

REGISTRATION fee

The registration fee includes:
Participation to the congress sessions, coffee break and lunch during the congress, CME credits.

Full Rate: € 300,00 + VAT

Reduced Rate: € 240,00 + vat
Rate dedicated to ERS MEMBERS / trainees in medicine, nursing or physiotherapy

How to apply - Deadline August 30, 2017

Fill the application form and return it to either vdonner@mondorespiro.it or via fax **+39 0322 869950**
Payments should be issued by bank transfer to the following account:

Banca del Piemonte, Branch Office of Borgomanero, Piazza XXV Aprile, n. 8 - 28021 Borgomanero (NO)
Branch code: 061 • Account: 61/83319 • IBAN: IT96 F030 4845 2200 0000 0083 319 • BIC: BDCPITTT
in name of Fondazione Mondo Respiro, Centro Studi per la Malattie Respiratorie, Onlus

On the payment object, please specify the name and date of the congress.

INFORMATION AND CONSENSUS OVER THE TREATMENT OF PERSONAL DATA

In accordance to the law over treatment of personal data (L.675/96 and following changes; in compliance with the Italian Legislative Decree no. 196/2003),
I hereby authorize the use of my personal data.

DATE _____

SIGNATURE _____

Organizing secretariat:

Valentina L. Donner, BAH

Fondazione Mondo Respiro, Onlus

Via Monsignor Caviglioli, 10 - 28021 Borgomanero (NO) • Tel. +39 0322 836718 • Fax +39 0322 869950

E-mail vdonner@mondorespiro.it

Fondazione Mondo Respiro thanks

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for his kind voluntary technical support