



REGISTRATION FORM

Personal data	
First Name	
Last Name	
Gender	
Invoice Address	
Professional data	
Organisation/Institution	
Department	
City, Country	
Position	
Contact e-mail	
Notes (allergies/medical conditions)	

Step 1: Please send the filled form to isscd2022@gmail.com

Step 2: The school secretariat will inform the participant upon acceptance enabling to proceed to the payment

Step 3: The registration will be effective after receiving the confirmation from the school secretariat

I have received information with respect to the treatment of my personal data in accordance with the privacy European rules 2016/679, GDPR (General Data Protection Regulation, 25/05/16) and formally applied on May 25th, and I authorize the treatment of such personal data insofar as it is necessary for the pursuit of the purposes contained in the present Charter. Furthermore, I authorize the Association to share my personal data with those organisations with which it collaborates, and I authorize such organisations to treat such personal data insofar as it is necessary for the respect of Italian law and statutory requirements.*

*The present translation is offered for purposes of information. The Italian-language text of this document is the sole authoritative.