



**APPLICATION FORM
EUROSON SCHOOL
LIVER AND BEYOND: FROM BASIC TO THE ADVANCED KNOWLEDGE
Rome, 15-16 november 2019**

PLEASE EMAIL WITH COPY OF PAYMENT BY OCTOBER 31 TO: iscrizioni-ecm@siumb.it

Surname _____ Name _____
Date and birth place _____
Fiscal code _____ VAT N° _____
Private Address _____ City _____
Prov. _____ State _____
Mobile _____
Email _____

To get UEMS credits please declare the following:

You require CME credits ? YES NO

N.B

Profession : Medical Doctor Practioner Specialist Doctor
Role : Freelance doctor Employee No occupation
Registration of Doctors N°..... of City/State.....

REGISTRATION FEES (VAT INCLUDED)

- Efsumb members under 35 years € 50,00
- Efsumb members over 35 years € 100,00
- Non-Efsumb members € 200,00

For registration, please send this form duly completed and signed by email to iscrizioni-ecm@siumb.it within 31 October with copy of the bank transfer to:

**SIUMB c/o BANCA SELLA
BIC SELBIT2BXXX
IT 87 C 03268 03213 052904884490
Indicating EUROSON SCHOOL**

OR BY

Credit Card: MasterCard Visa (no American Express)
Card n.....Expiring date (mm/aa).....
CVV2 (last 3 numbers on the card back).....
Card entitled to:.....
Signature..... Date.....

Date _____ Signature _____