



2020  
**CAPRI  
CAMPUS**<sup>®</sup>  
NONA EDIZIONE



ISTITUTO NAZIONALE TUMORI  
IRCCS - Fondazione Pascale

**AMORE**

Alleanza Mondiale  
Oncologica in REte

**CAPRI, 22-25 OCTOBER 2020**

**Campus Pascale, AMORE in Oncologia**

## APPLICATION FORM

Please complete in BLOCK LETTERS and Email **before October 7, 2020** to: [pascalecampus@caprimed.com](mailto:pascalecampus@caprimed.com)

### CONTACT INFORMATION

First name .....

Last name .....

Prof.  Dr.  Mr.  Mrs.  Ms.

Date of birth .....

Profession (Physician, Pharmacist, Nurse...) .....

Area of interest .....

### MAILING ADDRESS Office Residence

Institute ..... Department .....

Street ..... No. .... Suite/Apt.....

City .....

Country ..... Postal code .....

Telephone (office hours): *Country code/city code/number* .....

Fax: *Country code/city code/number* .....

E-mail address .....

### INVOICE INFORMATION

Name/Company name .....

Street ..... No. .... Suite/Apt.....

City .....

Country ..... Postal code .....

VAT number .....

Telephone (office hours): *Country code/city code/number* .....

E-mail address .....

### Invoice mailing address (if different)

Name/Company name .....

Street ..... No. .... Suite/Apt.....

City .....

Country ..... Postal code .....



## REGISTRATION FEE - FOREIGN PARTICIPANTS (put X in the appropriate space)

	Description	Euro
<input type="checkbox"/>	1 - PHYSICIANS AND SCIENTISTS	€ 550
<input type="checkbox"/>	2 - YOUNG UNDER 35*	€ 350
<input type="checkbox"/>	3 - NURSE/PARAMEDIC	€ 150

### REGISTRATION FEE INCLUDES:

- 1 Participation in all scientific sessions, conference kit, certificate of participation, CME credits, insurance, 3 lunches, coffee break, gala dinner
- 2 Participation in all scientific sessions, conference kit, certificate of participation, CME credits, insurance, 3 lunches, coffee break
- 3 Participation in all scientific sessions, conference kit, certificate of participation, CME credits, insurance, 1 lunches, coffee break

\* please, attach your document of identity

\*\* please, provide for a Letter from your Institution confirming your status.

TOTAL € ..... DATE ..... SIGNATURE .....

### PAYMENT AND CANCELLATION POLICY

Payment can be made by bank transfer to:

**CAPRI EVENT SRL - BANCO DI PIACENZA - IBAN IT12T0515601600CC0570007039 - BIC/SWIFT: BCPCIT2P - Description: 0320PASCA**

The registration fee in case of cancellation is not refundable.

### Consent to the processing of provided personal data.

By filling in the application form, I authorize the processing of personal data contained in this form, its storage and transmission to eventual partners of the event, in compliance with the EC Regulation, European Parliament 27/04/2016 n. 679.

We inform you that:

1. The data you provide us will be used for the purpose of documenting and managing of your registration and participation in congresses, events, meetings, and events generally named and organized by Capri Event Srl, and only for the purposes prescribed by law;
2. The treatment will be carried out with manual, telematic and computerized methods;
3. The data may be communicated to external service providers when strictly necessary for the realization of services related to the event. Providing data is an essential condition for your participation in the Congress;
4. Processing and forwarding may also concern "sensitive data";
5. At any time, you may request the cancellation of the personal information you provide. It will be sufficient to send a registered letter to the registered office of Capri Event Srl specifying what information you want to be cancelled;
6. The owner of the data processing is Capri Event Srl - Via Pietrasanta, 12 - 20141 Milan, Italy

I authorize the processing of identification data in accordance with the EC Regulation, European Parliament 27/04/2016 n. 679 in electronic and / or paper format for the purposes connected to ECM accreditation. Responsible for the treatment of data is Capri Event Srl

I authorize the processing of personal identification data for the purposes of Capri Event Srl and to third party companies for updating information, commercial promotions and purposes other than ECM accreditation

Place and Date .....

Signature .....

### SEGRETERIA ORGANIZZATIVA E PROVIDER ECM



#### Capri Event Srl - Provider 2174

Sede Legale: Via Pietrasanta, 12 - 20141 Milano

Sede Operativa: Via Lo Palazzo, 24 - 80073 Capri (NA)

Tel. +39 081 8375841 - info@caprimed.com - www.caprimed.com

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