

## HANDS ON TRAINING COURSE OF CADAVER HAIR TRANSPLANTATION

## **VERONA, Italy 27-28 July 2024**

## **APPLICATION**

Surname	, Name	
Born on (date)		
Citizenship		
Street Address		
		zip code
Country		
TO BE ADMITTED TO THE HAN	REQUESTS  IDS ON TRAINING COURSE OF CA  SHEOR HE DECLARES	ADAVER HAIR TRANSPLANTATION
To be in possession of the form	ollowing degree:	
☐ Medicine ☐ Dentistry,	obtained at the University of	, Country
with a final score	e of, completed on (dat	e)
To be in possession of the lie	cense to practice, and to have	a regular membership in the
Register of Physicians/De	entists of	
• That will pay the 2,000.00 €	registration fee (+ VAT if require	d) by
	ity of Camerino, Via Madonna de	1218 , BIC/SWIFT BCITITMM on the order elle Carceri 9/B, 62032 CAMERINO, Italy,
☐ Directly before the beginnin	g of the course.	



## SHE OR HE

releases EURICAM from any liability arising from possible damages caused to persons or public or private goods, and holds EURICAM harmless for any action or harassment.

**USE OF A PERSONAL DATA, ACCORDING TO LEGISLATIVE DECREE 30/06/2003 No. 196 AND OF GENERAL DATA PROTECTION REGULATION (GDPR) 27/04/2016 No. 679.** Personal data will be collected and used in full respect of the law for purposes pertaining to the execution of institutional activities, and for the full discharge of activities regarding the academic and administrative relationship with EURICAM.

I also declare to have been informed about the course by				
DATE	SIGNATURE			

This form, filled-in and with the required documents attached should be e-mailed to the Secretariat of EURICAM at the following address: <a href="mailto:info@euricam.com">info@euricam.com</a>