



EURICAM

THE UNIVERSITY OF CAMERINO START-UP

HANDS ON TRAINING COURSE OF GENITAL REJUVENATION ON CADAVER

VERONA, Italy 29-31 July 2024

APPLICATION

Surname _____, Name _____

Born on (date) _____

in City _____ Country _____

Citizenship _____

Street Address _____

City _____ Region _____ zip code _____

Country _____

Tel. _____ Mobile _____

e-mail _____ Tax number _____

REQUESTS

TO BE ADMITTED TO THE HANDS ON TRAINING COURSE OF GENITAL REJUVENATION ON CADAVER

SHE OR HE DECLARES

- To be in possession of the following degree:
 - Medicine Dentistry, obtained at the University of _____, Country _____ with a final score of _____, completed on (date) 00/00/0000.
- To be in possession of the license to practice, and to have a regular membership in the Register of Physicians/Dentists of _____
- That will pay the 3,500.00 € registration fee (+ VAT if required) by
 - Bank transfer to the account of IT61H0306968830100000001218 , BIC/SWIFT BCITITMM on the order of EURICAM Srl, c/o University of Camerino, Via Madonna delle Carceri 9/B, 62032 CAMERINO, Italy, indicating name and course of interest.
 - Directly before the beginning of the course.



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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: info@euricam.com