



EURICAM

THE UNIVERSITY OF CAMERINO START-UP

APPLICATION FORM FOR CADAVER DISSECTION WITH ULTRASOUND FOR SAFE FACIAL TREATMENT PRACTICE

ATHENS, 17-18-19 January 2025

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 CADAVER DISSECTION WITH ULTRASOUND FOR SAFE
FACIAL TREATMENTS PRACTICE**

SHE OR HE DECLARES

- To be in possession of the following degree:

Medicine Dentistry, obtained at the University of , Country



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with a final score of , completed on (date) .

- 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 1,500.00 and for early bird (on or before 27/12/2024) 1,200 € registration fee
- 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.

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 Venus Medicine Athens (El. Axiomatikon 45, 16233, Vyronas, TEL +30 2109848108, e-mail: venuslg99@hotmail.com) or the Secretariat of EURICAM at the following address: secretary@euricam.com