

# CEMEC COURSES REGISTRATION FORM



to be returned to: **cemec@iss.sm** fax: **0549-903706**

**Info courses:** 0549-994535 / 994600 [www.cemec-sanmarino.eu](http://www.cemec-sanmarino.eu)

*(Please write in block letters and complete all fields)*

SURNAME \_\_\_\_\_ NAME \_\_\_\_\_

Place and date of birth \_\_\_\_\_

QUALIFICATION \_\_\_\_\_ Workplace \_\_\_\_\_

TAX CODE \_\_\_\_\_

ROAD \_\_\_\_\_ N° \_\_\_\_\_ Postcode \_\_\_\_\_

CITY \_\_\_\_\_ Region \_\_\_\_\_

CELL \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

E MAIL \_\_\_\_\_

**I would like to participate:** (for courses where no date is indicated, please enter it according to the prepared calendar)

		date	Cost €
A.L.S. Advanced Life Support	<input type="checkbox"/>		550
B.L.S.D. Basic Life Support Defibrillation	<input type="checkbox"/>		75
B.L.S.D. Retraining	<input type="checkbox"/>		60
E.P.A.L.S. European Pediatric Advanced Life Support	<input type="checkbox"/>		550
E.P.I.L.S. European Pediatric Immediate Life Support	<input type="checkbox"/>		200
I.L.S. Intermediate Life Support	<input type="checkbox"/>		170
M.I.T. Mobilization Immobilization Trauma	<input type="checkbox"/>		150
N.L.S. Newborn Life Support	<input type="checkbox"/>		350
P.B.L.S.D. Paediatric Basic Life Support Defibrillation	<input type="checkbox"/>		85
P.B.L.S.D. Retraining	<input type="checkbox"/>		60
P.T.C. Advanced Pre Hospital Trauma Care	<input type="checkbox"/>		550
P.T.C. base Pre Hospital Trauma Care	<input type="checkbox"/>		150
P.T.C. base Retraining	<input type="checkbox"/>		70
STOP THE BLEED	<input type="checkbox"/>		
TECC 2.0 Tactical Emergency Casualty care	<input type="checkbox"/>		

*(Fees include course registration, teaching material)*

## Payment Methods:

Bank transfer made out to: **CEMEC IBAN: SM 37 L 06067 09801 0000 10151057**

Cassa di Risparmio di San Marino agency Via O. Scarito, 7- 47893 Borgo Maggiore R.S.M.

## Personal data processing:

I, the undersigned, \_\_\_\_\_ Declare to know the information referred to in Articles 13 and 14 of EU Reg. 679/2016 and Law 171/2018, in particular with regard to the rights recognized to me by the aforementioned legislation and to consent to the processing of personal contact data for marketing activities through the sending of promotional material relating to services similar

to those covered by the relationship established with Cemec  I give consent  I deny consent

Signature \_\_\_\_\_ Date \_\_\_\_\_