

EuMHD meeting 2020 REGISTRATION FORM

Please, fill in this form in BLOCK CAPITAL and send via email to:

EuMHD Secretariat

e-mail: info@eumhd.com

1 Name & Contact Information

Male Female Date of birth (Day/Month/Year) _____/_____/_____

Title	Family Name
First Name	
Company	
Position	Department
Address _____ n.	
City	Zip Code
State/Province	Country
Telephone	Fax
E-mail	

2 Professional Experience

Please highlight here the contact points with the MHD:

In compliance with Leg. Decree no. 196/2003 and with regards to the processing of the personal data indicated on this form, we inform the meeting participants that your personal information will be included in our database and processed exclusively for purposes related to this meeting. These data shall not be transferred to third parties. Failure to authorize the processing of personal data compromises this fulfilment.
By signing this form, the signer declares that is aware of the contents of art. 13 of Leg. Decree 196/2003 and in particular, of the purposes and methods of data processing and any other detail foreseen by the above mentioned law.

Date _____

Signature _____

