



Registration form

International Congress

24-25 november 2017 -Milan

To fill and send via email sirts@sirts.org

Personal Information

Surname and Name _____

Address _____ City _____

Country _____ Email _____

Telephone _____

Registration type

Standard

Guest

SIRTS member

SIPPR member

EFTA member

University Student/Psychotherapy trainee at _____

Invoice data

Subject/Institution _____

Address _____ City _____

Country _____ VAT _____

Authorize the processing of my personal data for scientific purposes (Law 675/96)

Date _____

Signature

Payment modality: bank transfer addressed to **S.I.R.T.S.** (reason for payment: "Milan International Congress Sirts 2017", (specifying name and surname of the participant) **Banca Popolare di Sondrio Filiale 023 – Via Santa Maria Fulcorina, 1 – Milano IBAN: IT89 H056 9601 6000 0000 7417 X78** Branch: 023 MILANO – SEDE **BIC/SWIFT: POSOIT22MIL** BIC/SWIFT SEDE: POSOIT22