**SIRTS INTERNATIONAL CONGRESS**

**SYSTEMIC CLINICAL PRACTICE AND FRAGMENTATION OF CONTEXTS**

**Care of bonds and new complexities**

**c/o Iseolago Hotel**

Via Colombera, 2 - 25049 Iseo (BS)

**Friday 16th & Saturday 17th of May 2025**

**complete in capital letters**

**Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place ad Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_**

**City Country dd mm yy**

**Address \_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**n° Street City Zip Code Country**

**Contacts: cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Landline\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Profession \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discipline\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Private practitioner/consultant at:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee, working for (name of the institution): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration fee (tick an option):**

**      **

**Guest Standard fee SIRTS Member SPPR/EFTA/ Registered Student/trainee, at:**

**HESTAFTA Member ENPAP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Data:**

**Entity**

**Address**

**VAT number**

**I agreeto thedata processing proceduresof my personal data for scientific purposes (law 675/96)**

**Date Signature**

**Information: dott. Iva Ursini - e-mail:** [**segreteria@sirts.org**](mailto:segreteria@sirts.org)**; cell.+39/3382575505**

**At the same time as the registration form, send a copy of the transfer made by e-mail: [segretria@sirts.org](mailto:segretria@sirts.org)**

Banca Popolare di Sondrio Branch 023 Milano – Office of Via Santa Maria Fulcorina, 1 – Milano

IBAN: **IT89 H056 9601 6000 0000 7417 X7** -BIC/SWIFT:POSOIT22MIL - BIC/SWIFT SEDE:POSOIT22