



Società Italiana di Ricerca  
e Terapia Sistemica (S.I.R.T.S.)

Required endorsements: SIPPR, EFTA, HESTAFTA, Iris Space,  
ENPAP, OPL, Order of Social Workers,  
Lombardy Region

**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 16<sup>th</sup> & Saturday 17<sup>th</sup> of May 2025**

**complete in CAPITAL LETTERS**

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

Place and 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/  
HESTAFTA Member       Registered       Student/trainee, at:  
ENPAP \_\_\_\_\_

**Billing Data:**

Entity \_\_\_\_\_

Address \_\_\_\_\_

VAT number \_\_\_\_\_

**I agree to the data processing procedures of 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: [segreteria@sirts.org](mailto:segreteria@sirts.org)

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