



REGISTRATION FORM

Cutting Edge Techniques and Controversies in Shoulder Arthroplasty A Transatlantic Debate - Third Edition 29 APRIL 2023 WEBINAR

Please fill in and return this form to the following address: CONGREDIOR srl – registration@congredior.it – www.congredior.it

Type or print in capital letters: \square Mr. \square Ms.				
First name				
Last name				
Place of birth	Date of bir	rth		
Fiscal code (Italians)				
Address		City		
State/Province	Postal/Zip code	Country		
Cell Phone (include country, city and	d area codes)		·····	
Fax number (include country, city an	d area codes)			
E-mail address				
Web address				
Pec (not compulsory)				
PROFESSIONAL DATA				
Professional Profile: ☐ Surgeon - Speci	ialization			
☐ Specializing Student/Student/Master	Student/Felowship/Resident			
☐ Physical Therapist ☐ Orthopedic Tec	hnician 🗆 Radiographer 🗀 Nu	ırse		
☐ Other categories ()		
professional classification: Employe	e (Dipendente)¹ 🛭 Affiliated (C	Convenzionato)	☐ Freelance (Libero professionista)	
☐ Unemployed 1- Specification of the Company or Instit	cution		<u> </u>	
For Italians Only:				
Iscritto a: □ Ordine □ Collegio □ N° Iscrizione Organizzazione/Ente/Assoc		Città:		



☐ YES * ☐ NO

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	D.Lgs 196/03 e and article 13 of the Regulation (EU) 2016/79 (GDPR 2016/679). I hereby ation in our possession will be used for the purposes of the meeting organized from
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Date	Signature