



**Registration form**  
**International Congress**  
**24-25 november 2017 -Milan**

To fill and send via email [sirts@sirts.org](mailto:sirts@sirts.org)

**Personal Information**

Surname and Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_

**Registration type**

- Standard
- 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**

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**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**

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