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**COURSE APPLICATION FORM**

**INSTRUCTIONS FOR APPLICANTS:**

- 1) Fill in this form using capital letters
- 2) Applications which are unreadable or incomplete will not be considered
- 3) Specify course name and dates (only 1 application per course)
- 4) Fill in each section of the form
- 5) Sign the form and return it by fax at: +39 06 49904370

**COURSE NAME: International Summer School "Rare Disease and orphan drug registries"**

**DATE: from 16/09/2013 to 20/09/2013**

**PERSONAL DETAILS**

<b>Family name:</b>	<b>First name:</b>	
<b>Date of birth (dd/mm/yy):</b>	<b>Place of birth:</b>	
<b>Country:</b>	<b>Gender:</b>	<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
<b>Address:</b>		
<b>Town:</b>	<b>ZIP Code:</b>	
<b>Country:</b>		
<b>Phone number:</b>	<b>Fax:</b>	
<b>E-mail:</b>		

**PROFESSIONAL DATA**

<b>Qualification:</b>	
<b>Company name:</b>	
<b>Address:</b>	
<b>Town:</b>	<b>ZIP Code:</b>
<b>Country:</b>	
<b>Phone number:</b>	<b>Fax:</b>

**Please note that these data will be used for all future communications related to the course.**



**POSITION**

<b>Company activity</b> (Public health organization, University, etc.):	
<b>Charge:</b>	
<b>Permanent position:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

**MY KNOWLEDGE AND PREVIOUS EXPERIENCES CONCERNING THE SUBJECT OF THE COURSE ARE:**

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**MY PRESENT TASKS AND ACTIVITIES ARE:**

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**THE COURSE WILL BE USEFUL FOR THE FOLLOWING REASONS:**

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**APPLICATION, SELECTION AND ADMITTANCE:**

The application form is available online (<http://www.iss.it/cnmr/news/cont.php?id=2179&lang=1&tipo=3>). It should be duly filled, printed, signed and returned by fax to the Scientific Staff: +39 06 49904370. Applicants should return the Application Form within the deadline. For selection procedures and admittance formalities, please see the programme of the course. Confirmation of admittance will be sent by email before the beginning of the course. If you have any further questions about application or filling in the form, please contact: [rareregistries-school@iss.it](mailto:rareregistries-school@iss.it)

**Signature**.....

**Date**.....

INFORMATION COLLECTED ON THIS FORM WILL BE HELD IN ACCORDANCE TO THE D.LGS. 196/2003 FOR THE PURPOSES OF PROCESSING YOUR APPLICATION AND FOR STUDENT ADMINISTRATION. IT WILL BE HELD SECURELY AND NOT PASSED ON TO THIRD PARTIES. ACCORDING TO THE ART. 13 OF THE ABOVE MENTIONED LAW, YOU HAVE THE RIGHT TO ASK FOR THE AMENDMENT OR CANCELLATION OF YOUR DATA.

I.S.S. - ISTITUTO SUPERIORE DI SANITÀ IS RESPONSIBLE FOR THE DATA HANDLING AND PROCESSING.

**Signature**.....

**Date**.....