# COURSE REGISTRATION FORM:

# Training and research

NAME SURNAME ID

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ADDRESS

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| ZIP CODE | VENUE | PROVINCE |
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| PHONE | E-MAIL |
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# Please send this registration form to the Foundation for Biomedical Research of La Paz University Hospital.

Contact person:Nathalia García

Phone: 91 727 75 76;

E-mail address: donaciones@idipaz.es;

**Method of payment:**

Bank transfer to the account:

Swift code: **CAIXESBBXXX** IBAN: **ES47 2100 4065 13 2200092143**.

# Payment concept: “MICROSURGERY”–Name and Surname of the student.

**REGISTRATION RULES**

1. Please complete the Registration Form.
2. Please make the registration payment as indicated above. The registration will not be considered completed until the transfer has been made.
3. Please complete and sign the “data protection clause” document.
4. Please send the **registration form** together with the “**data protection clause**” and **proof of payment** to the e-mail address indicated above.
5. If the registration is to be financed by a legal entity: travel agency, pharmaceutical laboratory, university, etc., you will have to send the details of the financer together with the registration form and the financer will have to make the payment.