



# registration form

# | second level courses

### PERSONAL DATA

last and first name \_\_\_\_\_

profession \_\_\_\_\_ study phone number \_\_\_\_\_

fax \_\_\_\_\_ cel phone number \_\_\_\_\_

home phone number \_\_\_\_\_ e-mail \_\_\_\_\_

model's name \_\_\_\_\_

### INVOICE DATA

social reason \_\_\_\_\_

address \_\_\_\_\_

postal code \_\_\_\_\_ city \_\_\_\_\_ prov. \_\_\_\_\_

P.IVA \_\_\_\_\_

C.F. \_\_\_\_\_

### SECOND LEVEL COURSES (specify title and where you want to participate)

**one session** **500 EUR + IVA** Title .....  
Where and when .....

**two sessions** **900 EUR + IVA** Title .....  
Title .....  
Where and when .....

**three sessions** **1.200 EUR + IVA** Where and when .....

**three consecutive sessions** **1.500 EUR + IVA** Where and when .....  
**(Friday and Saturday)**  
**with ECM (13 crediti)**

Bring his/her own model to treat personally (recommended)  
 Bring his/her own model but does not treat  
 DON'T bring models

**Credit transfer to Medical Aesthetic:**  
BANCO POPOLARE DI LODI Ag. 111 di Dresano (MI)  
IBAN: **IT7810516434220000000198916**

send the registration with a copy of the transfer with a fax to:  
**02.9818775**

The treatment of personal data is done according to D.Lgs. 196/03. Holder of the treatment is Medical Aesthetic, with office in Via di Vittorio, 24 - 20070 Dresano (MI)

Signature \_\_\_\_\_

For further information: **Medical Aesthetic**  
Susanna 346 1294010 | Federica 045 8680233 (8-14)