



**FIRST TRANSEXUALISM EUROPEAN MEETING  
PSYCHOLOGICAL, MEDICAL AND SURGICAL MANAGEMENT IN GENDER IDENTITY  
DISORDER.  
AN INTERNATIONAL HIGHLIGHT**

*May, 17 – 18 2012 – Dental School , Turin, Italy*

**REGISTRATION FORM**

**Please send within, April 20<sup>th</sup> to:**

**GEM Spa BU - Centro Congressi Internazionale - Via Assietta 14 - 10128 Torino (Italy)  
Tel.+39 011.2446911 Fax +39 011.2446950 e-mail: [giulia.datta@congressiefiere.com](mailto:giulia.datta@congressiefiere.com)**

Family Name .....

Name .....

Date and place of birth .....

Address .....

Zip Code .....City .....Country .....

Ph. ....Fax ..... Mobile .....

e-mail .....

Institution/Company.....

Title .....

Address ..... Nr .....

Zip Code .....City .....Country .....

Ph. ....Fax .....e-mail .....

**REGISTRATION FEE (VAT INCLUDED)**

Doctor	€ 200,00
Psychologist	€ 200,00
Hospital Nurse*, Graduate Student**, Resident**, Student**	€ 80,00
Afternoon Session on Friday, 18th	€ 50,00

*\*Free Registration for 30 First Registered*

*\*\* please, attach a letter of the Supervisor attesting the Student status*

**THE CONGRESS AND DAILY FEE INCLUDE**

Registration to the congress includes admission to scientific sessions, congress documents, certificate of attendance, coffee breaks.

**HOSPITAL NURSE, GRADUATE STUDENT, RESIDENT, STUDENT FEE INCLUDES**

Admission to scientific sessions, certificate of attendance.

**CANCELLATION POLICY**

50% fee refund for cancellation received in writing prior April, 20<sup>th</sup>.

No refund for cancellations received after April, 20<sup>th</sup>. All refunds will be processed after the congress



**FIRST TRANSEXUALISM EUROPEAN MEETING  
PSYCHOLOGICAL, MEDICAL AND SURGICAL MANAGEMENT IN GENDER IDENTITY  
DISORDER.  
AN INTERNATIONAL HIGHLIGHT**

*May, 17 – 18 2012 – Dental School , Turin, Italy*

**PAYMENT METHOD**

**BANK TRANSFER\* TO  
GEM S.p.A.**

Unicredit Banca d'Impresa S.p.A.

INTERNATIONAL IBAN: **IT 16 P 02008 01178 000004116264**

SWIFTCODE: **UNCRITMMON2**

**Mandatory:** indicate as bank transfer reason Congress 12 MT 00300, Name + Surname and send a copy of the payment together this form.

(\*) Participants should pay any service fee charged by the bank on their money transfer.

**CREDIT CARD**

VISA     MASTERCARD

Card Number \_\_\_\_\_

Expiry Date Security Code \_\_\_\_\_

Holder (write in capital letter) \_\_\_\_\_

Date Signature \_\_\_\_\_

In accordance with Law 196/2003 and subsequent amendments, we have to inform participants about the processing of the personal information contained in this form and that it will be necessary to divulge such information to third parties (shipping agency and congress organisers referring to us, companies, associations or other subjects that will be working with us for organising this congress). Failure to provide your consent to use this information will compromise this requirement.

The Data Controller is GEM SpA – Via della Balduina, 96 – 00136 Roma, represented by its Managing Director and legal representative. The data will also be processed by electronic means and will be held at the offices of GEM SpA, which has put in place the minimum security measures required by the aforementioned Law.

The signing person authorises GEM SpA to use the data provided, and specifically acknowledges to have precisely considered the contents of Article 13 of Law 196/2003 and subsequent modifications as well as the purposes and ways of processing such data, together with any other matter referred to in the Law. The signing person may ask GEM SpA to view, correct or cancel his or her data in accordance with the foregoing Law.

Date \_\_\_\_\_

Signature \_\_\_\_\_