



INTERNATIONAL MEETING ON
“ENCOUNTER AND LISTENING”
REGISTRATION FORM

Family Name	_____
Name	_____
City	_____
Country	_____
e-Mail	_____
Phone	_____

Profession		
<input type="checkbox"/> medical doctor	<input type="checkbox"/> psychologist	<input type="checkbox"/> other professions
<input type="checkbox"/> psychotherapist	<input type="checkbox"/> psychoanalyst	

We kindly ask you to fill in the form, to sign and send it to the following e-mail address before 15/10/2018 : meeting2018@fondazione-polojaz.org

You will receive your confirmation as soon as possible.

The Organizing Committee

Disclosure: In accordance with Regulation UE 2016/679, be advised that the Owner of the data process is Fondazione Libero e Zora Polojaz, Via Machiavelli, 5 – 34132 Trieste (TS). The processing of personal data provided is necessary for the purposes of the Fondazione Libero e Zora Polojaz, which is engaged in the support and development of initiatives aimed at facilitating mutual understanding and cultural-scientific exchange between Italy and the countries of Eastern Europe.

Processing will take place using paper and computerized procedures. The persons involved in the data processing may be privy to the data. Data will be kept until November 30th, 2019. The lawfulness of the processing is derived from express consent.

In order to exercise the rights provided (access, amendment, cancellation, limitation, opposition, portability, revocation, complaint, etc.) send a written request to the Fondazione Libero e Zora Polojaz, Via Machiavelli, 5 – 34132 Trieste (TS) mail: info@fondazione-polojaz.org

I hereby declare to have received full and complete information in accordance with the provisions of Regulation UE 2016/679.

Signature _____

I consent to the processing of my personal data, within the limits and purposes specified in this present statement.

Signature _____