Centro Tecnológico de Formación

Video Course and Wet Lab on Human Corneas (C211.4)
REGISTRATION
PRE-REGISTRATION QUESTIONARIE

First name_____ Surname _____

Identification Number/Passport_____ Email _____

Mobile number_____ Work Center _____

Addres _____ Country_____

☐ Resident ☐ Specialist ☐Nurse..... Especiality_____

1) Please fill out the pre-registration form and send it by mail to:

ctf.xxiac@sergas.es

We will contact you to confirme your registration

2) Bank transfer: 900 €

Fundación Profesor Novoa Santos
Banco Pastor: IBAN ES53 0238 8101 24060102 8525
1 *The name of the person making the order must be included into the following account*

□ I would like to receive information by email about CTF´s courses.

The Treatment Manager is the Professor Novoa Santos Foundation. The purpose for which your data is obtained is to perform the procedures and co management, and if you authorize us, include the information in a file to send offers of courses that may be of interest to you The legitimacy of th treatment based on what is regulated by the European Data Protection Regulation (Art. 6.1.b) RGPD) is "execution of a contract". Your information kept for the time necessary to manage the course and to determine possible responsibilities that may arise from the indicated purpose. If you auth it, your data will become part of the file of candidates for training to inform you of teaching activities that can be be of your interest Only the information collected will be transmitted to the teachers of the course in which it participates and to the entities assigned to the Health Technolog Sector Code of Ethics or to the Good Pharmaceutical Industry Code that sponsors it´s enrollment to the course. To exercise the rights granted by th protection regulations or obtain more information, you can contact the Foundation at Fundacion.Profesor.Novoa.Santos@sergas.es or access the wel