



7th European Patients' Rights Day

“European citizens’ rights: patients’ involvement and Cross Border Care”

May 16, 2013

Room VM3 (2nd floor, Van Maerlant Building, 2 rue Van Maerlant)

REGISTRATION FORM

(Please return
to e.blasucci@activecitizenship.net
or fax: 0039 0636718333)

Male Female

Given Name (as in your passport or identity card)

Family name (as in your passport or identity card)

Birth date:

Title/Profession

Organization/Company

Address

Postal code

Country / City

Tel.

Mobile

Fax:

E-mail:

• Please specify:

• Do you wish your email to be included in the Participants List? YES NO

• Please state any other special requirements:

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According to the Italian legislation (D.Lgs. 196/2003), I allow Active Citizenship Network to use this personal information to update me on its activities.