



OSPEDALE

“SACRO CUORE – DON CALABRIA”

Via Don A. Sempredoni, 5 - 37024 Negrar –Verona- Italy
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Date_____

Organizing Secretariat

Sacro Cuore - Don Calabria Hospital

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**APPLICATION FORM
COURSE / CONGRESS**

NAME OF EVENT _____

DATE _____

Last Name _____ **Name** _____

Address _____ **Zip** _____

City _____ **State** _____

Phone _____ **E.mail** _____

Work _____

Master our PhD _____

Location _____

PAYMENT BY BANK TRANSFER TO THE FOLLOWING ACCOUNT:

Ospedale Sacro Cuore - Don Calabria

Name & address of the Bank: Banca Popolare di Verona - Negrar

Account number: 000000006668

IBAN-International Bank Account & Swift Code: IT54K05188 59600 000000006668 VRBPIT2V062

Signature