



European Society of Tissue Regeneration in Orthopaedics and Traumatology

Registration form to E.S.T.R.O.T. Society

Surname _____

First name _____

Address _____ n° _____

City _____ zip code _____

Country _____

Tel. _____ Fax _____

E-mail _____

C.F. (Italians only) _____

Discipline _____ Title _____

Affiliation _____

Address _____ n° _____

City _____ zip code _____ Country _____

Tel. _____ Fax _____

E-mail _____

Association fee:

Medical doctors **€ 50,00**

Fellows and Residents **€ 20,00**

For payment by bank transfer:

IBAN: IT91 F010 0501 6010 0000 0001 189

ESTROT Secretariat: Keep International – Via G. Vigoni, 11 20122 Milan Italy

Tel. +39 0254122513 – Fax +39 0254124871

estrot@keepinternational.net

I authorise the use of my personal data in compliance with the Italian Legislative Decree 196/03 (privacy law), for future institutional and educational communications from Keep International.

Date.....

Signature.....