



E. M. R. S. S.

**Euro Mediterranean  
Rehabilitation Summer School**

Siracusa, Italy

**19° EMRSS COURSE**

**Siracusa 27 October 2024 – 30 October 2024**

**-----HYDROTHERAPY IN P.R.M.**

**Theoretical and Practical course**

**REGISTRATION FORM**

Surname \_\_\_\_\_ Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_ Nationality \_\_\_\_\_

Postgraduate School of the University of \_\_\_\_\_

Personal address \_\_\_\_\_

Postal code \_\_\_\_\_ City \_\_\_\_\_ Nation \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Certified by Prof. \_\_\_\_\_ Director Graduate School University \_\_\_\_\_

**REGISTRATION FEE**

**The registration fee is € 100,00 for specializing (Certified by the University)**

Money must be sent only by bank transfer.

These are the details of the bank account:

**Euro Mediterranean Rehabilitation Summer School**

**Bank: Banco Popolare Siciliano**

**IBAN : IT62J050341710000000180911**

**SWIFT: BAPPIT21U62**

**Please, enclose the copy of the bank transfer.**

**ACCOMODATION AND TRANSFER TO AND FROM AIRPORT**

It is suggested to book Aretusa Palace Hotel (venue of congress - price agreement)

On the site [www.interbus.it](http://www.interbus.it) you will find times of transfer from airport.

Signature \_\_\_\_\_

Consent to personal data treatment.

The undersigned ..... hereby give his consent to the processing of personal data pursuant to Legislative Decree. 196/2003 for the purposes required for registration to this course.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

**To Send to : [emrss.sr@gmail.com](mailto:emrss.sr@gmail.com)**

**within 10<sup>th</sup> October 2024**