



4th Seminar on High Quality Surgery and Medicine in War Torn and in Low Income Areas
VENICE – May, 18-19 2018

APPLICATION FORM

Surname	
Name	
Gender	
Place and Date of Birth	
Country	
Address	
E-mail Address	
Phone Number	
Fiscal Code/ Tax Identification Number	
Medical Specialty	
Present Position (please, specify which Hospital and Department)	
Purpose of Participation	
Previous Experiences in Developing Countries and/or in War-Torn Countries	

Please send this application and your CV to:
Francesca Basile
ORGANIZING SECRETARIAT
infovenice@emergency.it