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***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**](mailto:infovenice@emergency.it)