

**Jubilee XXX. Congressus acupuncturae Slovaciae et Bohemiae
cum partitipatione internationali
14 – 16th June 2019, High Tatras, Stará Lesná, Slovakia
VS: 19 1001 062**

REGISTRATION FORM OF PARTICIPANTS

Name: / Company name	
Family name / Surname:	
Titles:	
Date of birth:	
DIČ:	
ID v SLK / ID No. Chamber concerned:	
Profession:	
Workplace address:	
Name of the department:	
Street and number:	
Postcode city:	
Home address / business address:	
Street and number:	
Postcode city:	
Mobile / Phone:	
E-mail:	

1. The participant is obliged to give the data exactly, completely and truthfully.
2. The participant is fully responsible for their accuracy, completeness and veracity.
3. **Consent of the person concerned:** In accordance with § 14 of Law no. 18/2018 Z. z. on the protection of personal data and on amendments certain laws, I give free and voluntary consent to the Slovak Medical Society (SLS) and its organizational units with the processing of the personal data provided in the Binding Application and this registration form for the purpose of my participation in the above-mentioned professional event.
Guidance: Personal data will be processed to provide administration, CME accreditation activities, and other details related to your participation in a professional event. The processing of personal data is SLS. The legal basis for processing is Your consent. The consent is voluntary and can be revoked at any time. In the case of withdrawal of consent prior to holding a professional event, participation in the event will not be possible. Personal data will be stored within five years of the end of the professional event. You have the right to object to the data, to correct, erase, limit the processing and data portability, (§ 21-28 of the Law). You can contact us at +4215292 2017, -2019, or by e-mail at: secretarysma@ba.telecom.sk

Date:

Signature: