

PRE-REGISTRATION QUESTIONARIE

First name	Surname
Identification Number/Passport	_Email
Mobile numberCountry	
Work Center	
Resident Fellows Nurse	Especiality

1) Please fill out the pre-registrationt form and send it by mail to:

ctf.xxiac@sergas.es

We'll contact you to confirme your registration

The Treatment Manager is the Professor Novaa Santos Foundation. The purpose for which your data is obtained is to perform the procedures and course management, and if you authorize us, include the information in a file to of courses that may be of interest to you The legitimacy of the treatment based on what is regulated by the European Data Protection Regulation (Art. 6.1.b) RGPD) is "execution of a contract". Your information will be kept fo necessary to manage the course and to determine possible responsibilities that may arise from the indicated purpose. If you authorize it, your data will become part of the file of candidates for training to inform you of teachi activities that can be be of your interest Only the information collected will be transmitted to the teachers of the course in which it participates and to the entities assigned to the Health Technology Sector Code of Ethics or tu Pharmaceutical Industry Code that sponsors it's enrollment to the course. To exercise the rights granted by the data protection regulations or obtain more information, you can contact the Foundation at Fundacion.Profesor.Nova.Santos@sergas.es or access to were the web, www.fundacionprofesornovasantos.org