**BIOFEEDBACK**

**NEUROSCIENCE AT THE SERVICE OF HEALTH IN A PERSPECTIVE OF HOLISTIC MEDICINE 20 e 21 March 2021 On LINE**

**PARTECIPANT INFORMATION**

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post code\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State.\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Billing address (if different from partecipant information)**

Full Name\Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VAT\Tax code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post code\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State.\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_request to be registered:

COSTS:

* 340 €
* Students 200 €

There is also the possibility of sustaining BFE level 1 certification exam on site at the end of the workshop upon registration directly on Biofeedback Federation of Europe .

Every professional interested in taking the exam must personally register by purchasing the corresponding product (whose unit price is 20 Euro) in the BFE Shop:

<https://www.bfe.org/buy/esami-esami-di-certificazione-bfe-livello-i-p-452.html?currency=EUR>

The Federation will communicate to the referent of the Workshop Dr. Luciana Lorenzon the list of registered professionals and that can take the exam.

- The exam will be coordinated and administered by the staff responsible for the Workshop and will consist of 20 multiple choice questions concerning the contents presented during the course. Passing the exam requires 80% correct answers.

- The Federation will issue and send the BFE level I certification directly to each professional who has passed the exam.

Registration for the course is completed by filling in and accepting this form and paying the registration fee by sending a copy of the payment certificate to the organizing secretary via email at: info@cinb.it

**Payment can be made by bank transfer to**: IT74 R058 5661 9201 0357 1401 543

Headed to: NeuroscienceForm Lab S.R.L.S Volksbank Banca Popolare

Reference: Erik Peper workshop

**Place:** Milan (adress will be communicate)

**Information on the processing of personal data pursuant to EU Regulation 2016/679**

The undersigned authorizes the organizers to process personal data with automatic and / or manual procedures, in compliance with privacy regulations pursuant to EU Regulation 2016/679.

At any time, according to the law, I will have access to my data and request the modification or cancellation.

Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Informed consent for audio / video / photo recording

The undersigned agrees that the lessons will be audio / video recorded or that photographic images will be taken. He also agrees that these audio / video / photographic materials could be used by the organizers during other courses or for promotional / educational / scientific purposes.

Date and place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_