



APPLICATION FOR INTERESTED PARTIES

** All fields are mandatory and must be completed in English language.*

FULL NAME:	
PROFESSION:	
SPECIALTY:	
EDUCATION (ACADEMIC DEGREE-DIPLOMA):	
POSTGRADUATE STUDIES:	
DATE OF BIRTH:	
ID or PASSPORT NUMBER:	
TEL:	E-MAIL:
ADDRESS:	
FIELD OF INTEREST:	INTERDISCIPLINARY TOPICS <input type="checkbox"/> HEALTH POLICIES <input type="checkbox"/> QUALITY <input type="checkbox"/> HEALTHCARE MANAGEMENT <input type="checkbox"/>
<p>By signing this form, I hereby declare that I have read, understood and accept the terms of the Statute, the Founding Declaration, the personal data security rules (allying with the General Data Protection Regulation 2016/679), and the terms and conditions of use of the EuroMediterranean Institute QSH, Avedis Donabedian website. In addition, I declare that I undertake the commitment to pay the respective fees for my registration and membership.</p>	
SIGNATURE & FULL NAME	DATE
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