

**WSES 1019 certification certifcate**

|  |  |
| --- | --- |
| **Name** |  |
| **Email** |  |
| **Title** |  |
| **Hospital** |  |
| **City** |  |
| **Country** |  |
| **Active** |  |
| **Subscribed Year** | 2019 |
| * I authorize the processing of data entered in compliance with the provisions of Italian d. Lgs. 196/2003
 |

**Order**

|  |  |  |  |
| --- | --- | --- | --- |
| **Product** | **Qty** | **Unit Price** | **Price** |
| **Annual Suscription** | 1 | 50,00 € | 50,00 € |
| **Total** | **50,00 €** |

**Please email to the congress organization WSES 2019:** **events.rha@radboudumc.nl**