



To the President of the International Pediatric Live Surgery Online Group

Name

Surname.....

Place and date of birth.....

Address.....

City.....

Country.....

Institution where you work.....

Phone.....

e-mail address.....

Annual registration fee 50 euro

Bank transfer **IBAN** IT06Z0303202407010000784131; **BIC code** BACRIT21771,
(Credito Emiliano via della Grada 2, Bologna, Italy)

The purpose of the payment must indicate: **NAME SURNAME IPLSOG 2022**

This registration form, accompanied by a short curriculum vitae, must be sent to

pediatriclivesurgerygroup@gmail.com