Mrs/Mr/Miss\*

Doctor/Sonographer/Veterinary/Student of medicine\*

Name:

Surname:

Affiliation:

The number of license to practice:

Data for invoice:

**Application form**

I, ……………………………………..……….(name and surname) am applying to participate in the course titled "Lung Ultrasound course”, which will be held in Gdansk, Poland in term September 09-10, 2020.

I have read the privacy policy and regulations of the lus.expert portal and the regulations of courses run by lus.expert and I agree/do not agree\* to process my data in order to carry out the training organized by lus.expert.

……………………………….

Date and signature

\*delete it unnecessarily