Lus Expert
lung ultrasound

Mrs/Mr/Miss*
Doctor/Sonographer/Veterinary/Student of medicine*
Name:
Surname:
Affiliation:
The number of license to practice:

Application form

I, …………………………………..……….(name and surname) am applying to participate in the course titled "Lung Ultrasound with elements of echocardiography and interventional diagnostic", which will be held in Gdansk, Poland in term June 16-18, 2019.

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