



## PERSONAL DATA

SURNAME _____	NAME _____
DATE OF BIRTH _____	PLACE OF BIRTH _____
ADDRESS _____	CITY _____
POSTAL CODE _____	COUNTRY _____
DEGREE _____	SPECIALIZATION _____
WORKPLACE _____	CITY/COUNTRY _____

## APPOINTMENT LETTER

Hereby grant you, subject to the allowing of the authorization granted according to art. 53 of Legislative Decree no. 165/2001, if applicable, the appointment of the rapporteur and/or moderator and/or tutor in the context of the training event in question, according to the schedule referred to in Annex 1, which to all legal effects is intended to be fully transcribed in this agreement. If you have a speech, the didactic material to be used for your intervention will be the one you have created. For your art. 70 of the State-Regions Agreement of 02/02/17, the provider certifies the agreements with the speakers, moderators and tutors and keeps a copy of their curricula, as well as teaching materials (in the case of speakers) for the sole and exclusive purpose of allowing the credit institution to assess compliance with CME, for a period of five years.

**The service will be free of charge.**

Your assignment involves the observance of confidentiality regarding facts, information and knowledge or other information of which you will know in the performance of your work and compliance with the rules for the processing of data (according to Legislative Decree no. 196 of 30 June 2003 "Code on the protection of personal data" and the GDPR (EU Regulation 2016/679)). The data that will be provided to PROEVENTI s.r.l and the ECM Provider will be subject to processing, with or without the aid of automated means, to ensure security and confidentiality in full compliance with Legislative Decree no. 196 of 30 June 2003 "Personal Data Protection Code" and the GDPR (EU Regulation 2016/679). The moderator, speaker, trainer, tutor, a teacher in events with CME accreditation is aware that is required by the Agreement State-Regions explicit statement of the interested party, the transparency of the sources of financing and the relationships with commercial stakeholders for the last two years, even if there is no possible conflict of interest. If you agree with the entire and indivisible content of this assignment will send to PROEVENTI s.r.l no later than the seventh day before the date indicated for the completion of the assignment, copy of this signed in original for acceptance accompanied by the authorization of the Public Administration of belonging (according to art. 53 of Legislative Decree 165/2001), if necessary. Any dispute relating to the interpretation and/or execution of this contract is the exclusive jurisdiction of the Court of Foggia.

### LEGAL REPRESENTATIVE

#### SIGNATURE

Maria Cinelli





### PROCESSING OF PERSONAL DATA

You authorize the inclusion of Your personal data in the AGENAS database and in the company (PROEVENTI SRL) database:

agree  not agree

\*Your Personal data will be treated in accordance with Legislative Decree 30 June 2003, No. 196 "Code regarding the protection of personal data" and the GDPR (EU Regulation 2016/679).

### AUTHORIZATIONS

- Sending my presentation (ppt or pdf) to the CME Provider (PROEVENTI SRL) for the storage up to 5 years, to allow checks by the control bodies.

Paragraph 1, art. 81 - State-Regions Agreement of 02/02/17) – **OBLIGATORY**

agree  
 not agree

- Sending to the CME Provider (info@proeventi.it) my presentation (ppt or pdf) **for the disclosure**, if requested:

agree  
 not agree

- I authorize the publication of my presentation on the website [www.sohoitaly.com](http://www.sohoitaly.com) and media partners (<https://www.vjhemonc.com/> or <https://www.vumedi.com/> or other platform for medical education)

agree  
 not agree

- I authorize the publication of my presentation for an eventual conversion in a recorded event in the e-learning platform of SOHO ITALY [www.sohoitaly.proeventifad.it](http://www.sohoitaly.proeventifad.it)

agree  
 not agree

### CONFLICT OF INTEREST

I have no potential conflicts of interest to report

OR

I have the following potential conflicts of interest to report:

- Research
- Consulting
- Employee of a company that operates in the health field
- Stakeholder of a healthcare company
- Owner of a company operating in the health field
- Other (Specify): -----

Names of the companies with which I have had relations in the last two years:

### MEMBERSHIP - SOHO ITALY

**As Speaker of SOHO 5TH ITALIAN CONFERENCE,**

I confirm my membership to the **Italian Society of Hematologic Oncology (SOHO ITALY).**

The membership is free of charge. Further information is available on the website: [www.sohoitaly.com](http://www.sohoitaly.com)

**SIGNATURE**

