

EUBREAST (ITALY) ASSOCIATION MEMBERSHIP FORM



Individual/Natural Person

I hereby apply to become an Effective Member of the EUBREAST (Italy) Association:

Title (Dr/Ms/Mr/Prof): M F

First and Last Name:

Place and Date of Birth:

Street, House No.:

City, Postal Code: Country:

E-Mail: Telephone: Fax:

Company/Organization Name (if applicable):

Company Street Address:

City, Postal Code: Country:

E-Mail: Telephone: Fax:

I have attached my Curriculum Vitae (CV) and a list of any publications relevant to the application process

Conflict(s) of Interest

I hereby disclose any conflict(s) of interest, or potential conflicts of interest, in regard to my application to become an Effective Member of EUBREAST (Italy) and part of the EUBREAST Network in general:

- I have no current conflicts of interest.
- I have the following hindering involvements / conflict(s) of interest to declare:

.....

.....

- Should any conflict(s) of interest arise while I am a member of the EUBREAST (Italy), or should there be any doubt in my mind that I may have a conflict of interest, I declare to that I am aware to be obliged to bring the matter to the attention of EUBREAST (Italy) Association immediately at info@eubreast.com.

Declaration of Confidentiality

- I declare that I will not use or disclose any critical information obtained through my membership to EUBREAST (Italy) (or through EUBREAST e.V. or the EUBREAST Network in general) until it has been officially published and/or approved by the EUBREAST (Italy) and/or the EUBREAST Network. This applies in particular to any information obtained in regard to trials in progress.
- Should I have any doubts regarding the confidentiality of information obtained through my relationship with EUBREAST (Italy) (or EUBREAST e.V. or the EUBREAST Network in general), I declare that I will contact EUBREAST (Italy) at info@eubreast.com prior to divulging or using any such information.

Privacy

- I agree / I do NOT agree that my name can be published on the EUBREAST (Italy)/EUBREAST Network website as a member.
- I have read and accept the GDPR regulations and privacy policies as specified on [the EUBREAST website](#).

City, Date: Signature (Please sign clearly):

The regulations concerning data protection listed on the EUBREAST website also apply to this document.