**IV Zachodniopomorskie Repetytorium z Diabetologii**

 **dla Pielęgniarek i Położnych**

 **09.06.2022r Sala Rycerska**

 **Zachodniopomorskiego Urzędu Wojewódzkiego**

 **ul. Wały Chrobrego 4 Szczecin**

**Dane uczestnika:**

**nazwisko i imię**

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**kod pocztowy miejscowość**

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**telefon kontaktowy e-mail**

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**miejsce zatrudnienia**

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Oświadczam iż wyrażam zgodę na wykorzystanie moich danych osobowych w pracach Komitetu

Organizacyjnego Repetytorium z zachowaniem wymogów wynikających z uchwały z dnia 29 sierpnia 1997r

o ochronie danych osobowych D.U. z 2002r Nr101 poz.926 z późniejszymi zmianami.

…………………………. …………………………...

Miejscowość ,data podpis

 **ZGŁOSZENIA PRZYJMUJĘ DO 15.05.2022 r.**

 **na adres e-mail:** **itrzepialowska.edu@gmail.com**

 ***LICZBA UCZESTNIKÓW OGRANICZONA.***

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