



Panhellenic Association of Logopedists and Speech and Language Therapists (PAL)

Seminar registration form: "Walt Fritz, Pt Foundations in Manual Therapy: Voice and Swallowing Disorders - Experiential Workshop"

Please fill out the participation form and send it to the e-mail address of P.A.L. info@logopedists.gr

Participant details:

Last name:	Name:	
Profession:		
Address:	Postal Code:	
State:	Region/Country:	
Phone Nr:	e-mail:	
Member of P.A.L.	Yes:	No:
For my participation, I would like to receive: (please tick)		
Supply Invoice:	Receipt:	

If you wish the receipt or invoice to be issued with other information, please fill in the following:

Company Name:	Occupation:	
Address:	Number:	Postal Code:
State:	Region/Country:	

Participation cancellation policy

In the event that you wish to cancel your participation and receive a refund of the registration fee, you must notify us in writing by January 30th, 2025 (last day for payment of the Workshop). After this date, your registration fee is non-refundable. The submission of this declaration of participation implies the acceptance of the conditions mentioned here.

Update on the processing of personal data

The Panhellenic Association of Speech-Language Therapists (P.A.L.) collects your specific personal data in order to record your declaration of participation in this event, for the issuance of the legal

document in case of payment of the registration/participation fee, for communication regarding with issues related to this event. The above processing of your data is based on the agreement between us for your registration in this event.

Furthermore P.A.L. collects your above personal data for informing you about the actions of P.A.L. in accordance with its purposes, if you consent to it below:

I give my CONSENT to P.A.L. to process my personal data for the above purpose

YES _____ NO _____

I have been informed of the possibility of WITHDRAWING MY CONSENT following your relevant notification to the e-mail address mentioned herein on the subject of "withdrawal of consent to processing of personal data", without this having any consequence on the relationship between us and without affecting the legality of it until the time of the withdrawal of processing.

I have been informed that I may be photographed or videotaped as a member of the audience or as a speaker etc. at the above-mentioned event and that this material remains in the P.A.L. file, while it may further be posted on your official website or in printed or electronic information material or on social media for the promotion of your purposes and your action. I was informed that if I do not wish this, I can declare it to you in writing before the start of the event and that even if I have not made the above declaration, I may contact P.A.L. for the deletion of the material which concerns me, without affecting the legality of processing up to that moment.

For more information regarding the privacy-protection policy of P.A.L. I have been informed that I can visit the official website of www.logopedists.gr

I have received knowledge

Name - SIGNATURE

Date