|  |  |  |
| --- | --- | --- |
| Predsjednik/*President*:  **Prof.dr.sc. Herman Haller, dr.med.** | 1. dopredsjednik/ 1. *Vice-President*:  **Prof.dr.sc. Ante Ćorušić, dr.med.** | 2. dopredsjednik / 2. Vice-President:  **Prof.dr.sc. Deni Karelović, dr.med.** |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Tajnik/*Secretary*:**Dr.sc. Marko Klarić, dr.med.**  Rizničar/*Treasurer*: **Doc.dr.sc. Dražan Butorac, dr.med.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |
| --- | --- | --- |
| logo_HLZ | **HRVATSKI LIJEČNIČKI ZBOR - *CROATIAN MEDICAL ASSOCIATION***  **HRVATSKO DRUŠTVO ZA GINEKOLOŠKU ONKOLOGIJU**  ***CROATIAN SOCIETY OF GYNAECOLOGICAL ONCOLOGY***  Adresa/*Adress*: Cambierieva 17/5, 51000 Rijeka, Hrvatska / Croatia  Tel./*Phone*: +385 (51)65 82 03; Fax: +385 (51) 33 85 55  www.hdgon.hr \* info@hdgon.hr | **HDGON**  **HRVATSKI LIJEČNIČKI ZBOR**  **HRVATSKO DRUŠTVO ZA GINEKOLOŠKU ONKOLOGIJU** |

PRIJAVA ČLANSTVA I PISANA SUGLASNOST RASPOLAGANJA OSOBNIM PODACIMA ZA POTREBE DRUŠTVA ZA GINEKOLOŠKU ONKOLOGIJU – HRVATSKOG LIJČNIČKOG ZBORA

Potpisani (ime i prezime): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

rođen (datum rođenja) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

s prebivalištem (ulica, grad):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telefon na poslu:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobitel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OIB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JMBG:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail adresa:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ustanova zaposlenja:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

specijalnost:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

uža specijalnost:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

funkcija na poslu:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

dopuštam prikupljanje i obradu navedenih osobnih podataka (ime, prezime, JMBG, OIB, datum rođenja, prebivalište, telefon, mobitel, mail adresu, mjesto zaposlenja i stručnu spremu, specijalnost i užu specijalnost) za koje sam informiran, pa stoga nedvosmisleno i jasno dajem svoju privolu.Bottom of Form

Mjesto i datum potpisa Potpis pristupnika