

WDC INTERNATIONAL SUMMIT CLUSONE 2026

Registration Form

Personal Information

- Full Name: _____
- Date of Birth: _____
- Nationality: _____
- Address: _____
- Email: _____ Phone: _____

Professional Information

- Organization / Institution: _____
- Position / Title: _____
- Field of Interest: _____

Participation Details

Attendance: ☐ In-Person ☐ Online

Special Requirements: _____

Consent for Communication

☐ I agree to receive information on WDC International Summit and related events.

Privacy Notice

Data Controllers (Joint):

WDC – Worldwide Dermatology Collaboration

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Purpose: registration, event management, legal compliance.

Legal Basis: contract (Art. 6(1)(b) GDPR/UK GDPR), legal duty (6(1)(c)), consent (6(1)(a)).

Retention: only as long as necessary.

Your Rights (GDPR/UK GDPR): access, rectification, erasure, restriction, portability, objection.

Applicable Laws: EU/Italy: GDPR (Reg. EU 2016/679), Italian Legislative Decree 196/2003 (as amended).

Spain: Organic Law 3/2018 (LOPDGDD).

UK: UK GDPR, Data Protection Act 2018.

Supervisory Authorities: ICO (UK), Garante (Italy), AEPD (Spain)

Consent to Data Processing

I have read the privacy notice and consent to the processing of my personal data.

Signature: _____ Date: _____