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| DATOS DEL CONSULTOR / EMPRESA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nombre**  (consultor o empresa) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dirección web**  (contacto) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **E-mail** | | | |  | | | | | | | | | | | | | | | **Teléfono** | | | | |  | | | | |
| **Disponibilidad para viajar** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No |  | *España* | | | |  | | *Europa* | | | |  | | *Asia* | |  | | *USA* | |  | | *Resto de América* | | |  | *Global* | |  |
| Servicios (Marcar según proceda) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Otras Normas | | |  | | BPC | | | | | | | |  | | NCF | | | | | |  | | | ISO | | | |  |
| Indicar | | | | | BPL (Farma) | | | | | | | |  | | Farmacovigilancia | | | | | |  | | | Indicar | | | | |
| BPL (ENAC) | | | | | | | |  | | Validación SI | | | | | |  | | |
| Texto libre de presentación (hasta 80 palabras) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IMPORTE y FORMA DE PAGO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miembros de SEGCIB 80 € (IVA incluido) /cuota anual | | | | | | |  | | |  | | | | | | | NO Miembros de SEGCIB 150 € (IVA incluido) /cuota anual | | | | | | | |  | |  | |
| Pago por Transferencia Bancaria | | | | | | | | |  | | IBAN | | | | | | ES65 0081 0199 5700 0115 0324 | | | | | | | | | | | |
| *Incluir en el concepto de la transferencia: Registro de Consultores* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Si desea renovar automáticamente la suscripción anual al servicio, indique la cuenta de cobro* | | | | | | | | | | | | | | IBAN: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ | | | | | | | | | | | | | | |
| DATOS DE FACTURACIÓN | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dirección de facturación** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Factura a la atención de** | | | | | | |  | | | | | | | | | | | | | | | | **NIF / CIF** | |  | | | |

El abajo firmante, en representación del consultor / empresa consultora, confirmo la voluntad del consultor de anunciarse en el **Registro de Consultores** de la página web de SEGCIB

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