

**MASTER IN ENDOCRINOLOGIA DELL'INFANZIA, DELL'ADOLESCENZA  
E DELLA DONNA  
Anno accademico 2008-2009**

**MASTER ON CHILDREN, ADOLESCENT AND WOMEN'S ENDOCRINE HEALTH  
academic year 2008-2009**

**GENERAL INFORMATION**

The Master on "Childhood, Adolescent and Women's Endocrine Health" of the University of Messina is a second level Master, consisting of four modules, and reserved, in its entirety, to persons who have earned a M.D. degree (**graduates in Medicine, physicians**). Graduates in Medicine and **graduates in other branches (nonphysicians)** can attend **one or more modules** but only physicians are admitted to the stages. Only physicians who attend the **whole Master (1500 hours, equivalent to 60 credits, including hours/credits for thesis preparation and individual study)** can earn the title of Master and receive the Diploma. **Physicians who attend less than four modules and non-physicians** who attend even all four modules cannot get the title of Master and cannot get the Diploma; instead, they **will earn a Certificate of Attendance** and related University Credits (UC). This Master complies with the Regulations for the High Education Courses of the University of Messina (Messina, Italy).

For the **academic year 2008-2009, 20 (twenty) positions are available**: 10 (ten) for graduates in Medicine and 10 (ten) for other graduates. **Foreign physicians, particularly from the European Community, are welcome to attend.**

**This Master was instituted on November 11, 2003** with the decree no. 1813 by the *Rector Magnificus* of the University of Messina, Italy. Because of its features and performances, the academic authorities of the University of Messina have granted renewal for each subsequent academic year.

**Strong points** to get the first approval (November 2003) and to get renewal are : (i.) the **novelty** of the Master not only in Sicily but also across Italy and, to best of the Master Director's knowledge, across Europe; (ii) a **Faculty of teachers who speak English fluently**, so as to attract non-Italian natives ; (iii.) the **structure of the teaching activities**, with only 4% of the grand total of hours (that is 56 of 1500 hours) being devoted to formal lessons, as opposed to 23% of the grand total of hours being devoted to interactive modalities (**interactive teaching, work in small groups**) not mentioning the 27% of the grand total of hours devoted to **stages in a great variety of clinical structures**; (iv.) the **very low cost of the tuition fee (euro 2.835/00 for the entire Master, euro 641/25 for a single module)** , the cheapest Italian Master in the field of Medicine we are aware of; (v.) **endorsement by the Italian Society of Endocrinology.**

Not surprisingly, this Master was awarded the **maximum number of credits (60)** and, in the year of attendance, the attendee is waived the obligation of earning credits for the purposes of the Continual Medical Education. Not less surprisingly, this Master, was **considered one of the Italian "Superstar Master"** by the authoritative Italian financial newspaper "*IL SOLE 24 ORE*".

**DIDACTICAL PLAN****MODULE # 1. ENDOCRINOLOGY OF THE CHILDHOOD AND ADOLESCENCE.**

Hours	Credits	Ways of Learning	OBJECTIVES
25	1	Formal lessons (FL)	<u>To furnish up-to-date and advanced both knowledge and competence, and practical skills on:</u> physiopathology and clinics of growth and puberty. Particular emphasis is on: short stature; abnormalities of the sexual differentiation ; disorders of puberty; disorders of the menstrual cycle; contraception; eating disorders; type 1 diabetes; adrenal gland disorders; hirsutism/acne
100	4	Interactive teaching (ID)	
62.5	2.5	Small-group work (SGW)	
175	7	Stages	
12.5	0.5	Seminars	
125	5	Individual study (IS)	

**MODULE # 2. ENDOCRINOLOGY OF THE WOMAN IN HER FERTILE AGE.**

Hours	Credits	Ways of Learning	OBJECTIVES
12.5	0.5	Formal lessons (FL)	<u>To furnish up-to-date and advanced both knowledge and competence, and practical skills on:</u> physiopathology and clinics of endocrine axes, calcium and phosphorus metabolism, carbohydrate and lipid metabolism. Particular emphasis is on: thyroid disorders, menstrual cycle disorders, polycystic ovary syndrome, fertility disorders, recurrent pregnancy losses, eating disorders, type 2 diabetes, pituitary disorders, adrenal gland disorders, benign/malignant breast diseases, skin diseases, autoimmune disorders.
50	2	Interactive teaching (ID)	
31.25	1.25	Small-group work (SGW)	
100	4	Stages	
6.25	0.25	Seminars	
125	5	Individual study (IS)	

**MODULE # 3. ENDOCRINOLOGY OF THE WOMAN IN HER POST-FERTILE AGE.**

Hours	Credits	Ways of Learning	OBJECTIVES
12.5	0.5	Formal lessons (FL)	<u>To furnish up-to-date and advanced both knowledge and competence on:</u> physiopathology of the menopause and aging. Particular emphasis is on: osteoporosis; estrogen replacement therapy; prevention on tumors; thyroid, pituitary and adrenal gland disorders.
50	2	Interactive teaching (ID)	
31.25	1.25	Small-group work (SGW)	
100	4	Stages	
6.25	0.25	Seminars	
125	5	Individual study (IS)	

**MODULE # 4. ENDOCRINE and METABOLIC EMERGENCIES.**

Hours	Credits	Ways of Learning	OBJECTIVES
6.25	0.25	Formal lessons (FL)	<u>To furnish up-to-date and advanced both knowledge and competence on:</u> acute disorders of the thyroid, parathyroid, adrenals, pituitary and endocrine pancreas that require prompt recognition and treatment.
12.5	0.5	Interactive teaching (ID)	
6.25	0.25	Small-group work (SGW)	
25	1	Stages	
0	0	Seminars	
125	5	Individual study (IS)	

In addition, **175 hours (= 7 credits)** are earned to prepare **the thesis**.

**SUMMARY OF THE 1500 hours** (equivalent to 60 University Credits, UC).

	Module # 1	Module # 2	Module # 3	Module # 4	Subtotal	TOTAL
<b>FL</b>	25	12,5	12,5	6,25	<b>56,25</b>	
<b>ID</b>	100	50	50	12,5	<b>212,5 *</b>	
<b>SGW</b>	62,5	31,25	31,25	6,25	<b>131,25 *</b>	
<b>Stages</b>	175	100	100	25	<b>400</b>	
<b>Seminars</b>	12.5	6.25	6.25	0	<b>25</b>	
<b>IS</b>	125	125	125	125	<b>500</b>	
<b>Subtotal</b>	500	325	325	175	<b>1325</b>	<b>1325</b>
<b>Thesis</b>					<b>175</b>	<b>175</b>
<b>TOTAL</b>						<b>1500</b>

Abbreviations: FL= Formal Lessons; ID= Interactive Teaching; IS= Individual Study; SGW = Small Group Work.

\* To meet needs of participants (such as working duties that prevent them to be present in Messina), a fraction of these hours can be used for tutor-assisted on-line teaching.

**SUMMARY OF THE 60 CREDITS.**

	Module # 1	Module # 2	Module # 3	Module # 4	Subtotal	TOTAL
<b>FL</b>	1	0.5	0.5	0.25	<b>2,25</b>	
<b>ID</b>	4	2	2	0,5	<b>8,5</b>	
<b>SGW</b>	2.5	1.25	1.25	0.25	<b>5,25</b>	
<b>Stages</b>	7	4	4	1	<b>16</b>	
<b>Seminars</b>	0.5	0.25	0.25		<b>1</b>	
<b>IS</b>	5	5	5	5	<b>20</b>	
<b>Subtotal</b>	20	13	13	7	<b>53</b>	<b>53</b>
<b>Thesis</b>					<b>7</b>	<b>7</b>
<b>TOTAL</b>						<b>60</b>

Abbreviations: FL= Formal Lessons; ID= Interactive Teaching; IS= Individual Study; SGW = Small Group Work

**Attendance per module(s)** is allowed to those who graduated either in Medicine (**physicians**) or **other branches (nonphysicians)**. However, **only physicians are admitted to the stages** of the module(s) they have chosen. The hours (and credits) per each module are those tabulated above.

**SUMMARY OF THE HOURS AND CREDITS FOR NON-PHYSICIANS.**

Because **non-physicians cannot be admitted to the stages** and are not required to prepare a thesis, the total of hours (and credits) **per each module** they elect to attend is reported in the Table.

Module	Hours	Credits
# 1	325	13
# 2	225	9
# 3	225	9
# 4	150	4

**Calendar (year 2009). Overview on a weekly basis \*.**

<b>No. of week</b>	<b>Scheduled days</b>	<b>Module</b>	<b>Topic of the week</b>
1	January, 19-23	1	The growth and its disorders.
2	January, 26-30	2	The menstrual cycle and its disorders in women.
3	February, 16-20	1	The menstrual cycle and its disorders in adolescents.
4	February, 23-27	2	The hyperandrogenism.
5	March, 2-6	2	Pituitary adenomas. Hypopituitarism.
6	March, 9-13	1	Puberty and its disorders.
7	March, 16-20	2	Infertility and Medical Sexology.
8	March, 23-27	1	Type 1 diabetes mellitus.
9	April, 6-10	3	Osteoporosis.
10	April, 20-24	3	The breast. Oncological prevention.
11	May, 4-8	1	Obesity and disorders of eating behavior.
12	May, 11-15	3	Endocrine hypertension.
13	May, 18-22	1	Adrenal disorders.
14	June, 8-12	3	Miscellanea
15	June, 15-19	1	Thyroid and parathyroid disorders.
16	June, 22-26	4	Endocrine and metabolic emergencies.

\* If, for unforeseen circumstances, this calendar has to be modified, notice will be given to the Master's participants. Upon arrangements with the Faculty, switch of topics between weeks are possible to meet needs of the participants.

## APPLICATION

The application form is **attachment A** which, like attachments B and C, is at the end of this document. The application form should be sent via courier or registered mail so that it will be received **NOT LATER than December 30, 2008**. The envelope containing the application form and the documents specified below should be sent to “Master Universitario Endocrinologia dell’Infanzia, dell’Adolescenza e della Donna c/o Segreteria della Sezione di Endocrinologia del Dipartimento di Medicina e Farmacologia, A.O.U. Gaetano Martino, Padiglione H , 4° piano, via Consolare Valeria, 98125 Messina, Italy”.

The documentation required is :

1. Application form (**attachment A**)
2. Photocopy of the wire transfer to Banco di Sicilia - Tesoreria Enti . Ag. 1814, Corso G. Garibaldi, 54 - 98122 Messina, Italy, using these international coordinates : **IBAN: IT12 T010 2016 5950 00000009270 BIC: BSICITRRMES**. The amount to be transferred is euro 135/00 (onehundredthirtyfive/00) for those who want to attend all four modules or euro 100/00 (onehundred/00) for those (physicians or non-physicians) who wants to attend up to three modules. **The accompanying information for the wire transfer is “Master di Endocrinologia- Tassa di partecipazione”**. If the foreign applicant leaves in Italy and has access to an Italian bank located in Italy, then he/she has to use the national coordinates of Banco di Sicilia, that is: conto corrente n. “**00000009270**” ABI “**01020**”, CAB “**16595**”, CIN “**T**”.
3. Certificate of graduation in Medicine (or graduation in other branches) in English or translated in English (translation in Italian is also OK).
4. *Curriculum vitae*, with reference, if any, to title of thesis, possible doctorates, specializations, stages in other universities, knowledge of foreign languages, scientific publications, etc...
5. Two color photographs similar to those appearing in passports.
6. Full mailing address, including telephone (with country code and city code), cell phone (if owned), fax (if available), email.
7. Photocopy of passport (cover and page containing photo and identification details).
8. Letter of intent by possible sponsors who are willing to pay for the participation fee (see below).
9. Letter stating the preferred date(s) for the admission interview if the conventional one (see below, \*ACCESS\*) is not OK for you.

In the event one interested participant becomes aware of this Master shortly prior to the above deadline of December 30, 2008 and cannot provide the certificate of graduation, he/she should add a signed letter stating that he/she will provide the certificate as soon as possible.

Admission to the whole Master (all four modules plus stages)- **Once admitted** to attend the Master, the **physicians** should fill-in **attachment B** and pay the participation fee of **euro 2,565/00** (twothousandfivehundredsixtyfive/00), with the option of paying in three instalments of euro 855/00 (eighthundredfiftyfive/00) each. The first instalment is due within 15 days from the communication of admission to attend the Master, the second within the third month of the Master and the last one month prior to final examination and discussion of the thesis. Failure to comply with the participation fee will result in no admission to the final examinations and, consequently, no release of the Diploma.

Participation to modules (any one, two or three for **physicians**; up to four for **non-physicians**) – The participation fee is **euro 650/00** (sixhundredfifty/00) **per each module up to three**, and 2565/00 for all four modules. Either amount has to be paid prior to the beginning of each of the modules chosen (see Calendar ), and the modality of payment has to be specified upon filling-in the Registration form (**attachment C**). Attachment C has to be filled in within the first day of the module chosen or the first day of the modules chosen. **Non-physicians** can attend all four modules, but they **will not be admitted to the stages**, because of the strictly clinical nature of the stages themselves.

Attendance to the whole Master or modules thereof can be supported by companies, universities, private institutions/foundations, etc... If the applicant is already aware of such **financial sponsorship**, please add this information in the documentation enclosed with the application form (**attachment A**).

## ACCESS

As a second level Master, **current regulations require** that the **physicians** who want to attend the whole Master have to **pass an interview (admission test)** in front of the Scientific Committee of this Master (Interview will focus on interest and motivations, summary of their thesis). Typically, the interview is scheduled the Saturday morning of the week that precedes the beginning of the didactic activities (see above, Calendar). The candidate will be notified of his/her admission after interviews of all candidates have been concluded. Upon admission, the participant has to fill **attachment B**.

Those (**either physicians or non-physicians**) who want to attend only modules will be admitted directly without passing the interview. Within the first day of the single module or the multiple modules they have chosen, they are required to fill-in **attachment C**.

## ATTENDANCE

**Current regulations** permit an **absence of 20%** out of the total of 1500 hours, that is an **absence of 300 hours**. Particular and objectively longer absences (most likely for working reasons) must be justified with proper documentation; such longer absences (and documentation) will be reviewed by the Scientific Committee. All absences must be recorded in the personal diary provided to the attendant, and they will also be recorded by the Faculty members of the Master.

**The degree of learning will be periodically tested (and recorded) upon administering written tests with multiple-choice answers.** Similar tests will be administered at the end of seminars by invited speakers.

In the event of unavoidable changes of the calendar, participants will be notified by email or phone.

**Non-physicians** cannot attend stages, because of the strictly clinical nature of the stages themselves. The **absence permitted is 20%** of the total hours of the module(s) chosen.

## FINAL EXAMINATIONS AND THESIS .

This section concerns those **physicians who have attended the whole Master** (including stages).

Upon reviewing of the good standing conditions of the participant with respect to payments, attendance and performance on the periodic written tests of learning, he/she will be admitted first to the final oral examinations on topics dealt with in the Master and then defence of the thesis in front of the Scientific Committee. Typically, **final examinations and discussion of thesis occur in the same morning**, the Saturday of the concluding week of the Master (see above, Calendar). **For non-Italian speaking physicians, examinations and discussion of the thesis will be in English.** Those who have passed the examinations and defended their thesis satisfactorily will be awarded the degree of Master in “Children, Adolescent and Women’s Endocrine Health”. In due time, they will receive the Diploma, which is signed by the *Rector Magnificus* of the University of Messina, the Administrative Secretary of the same University and the Director of this Master.

Either physicians or non-physicians who have attended any module(s) – Upon reviewing of the good standing conditions of the participant with respect to payments, attendance and performance on the written tests of learning, they will receive a **Certificate of Attendance** signed by the Director of the Master.

## ADDITIONAL INFORMATION.

This Master has special arrangements with local down-town hotels so that Master’s attendees take advantage of very good discounts (single rooms starting from as low as euro 40/00, tax and breakfast included). Two large eating facilities are available, one of which includes a formal restaurant with waiters. At the restaurant, a two-course lunch with dessert, water/non-alcoholic drink and coffee is approximately euro 12/00 (twelve); a one-course lunch is approximately euro 6/00 (six).

Please contact the Director at +39.090.221.7107 (fax +39.090.221.3517), [s.benvenga@me.nettuno.it](mailto:s.benvenga@me.nettuno.it) o [sbenvenga@unime.it](mailto:sbenvenga@unime.it) .

**Attachment A). Application** [ Please print or, if writing, use uppercase letters. ].

To the kind attention of prof. Salvatore Benvenga  
Director, Master Universitario di 2° livello  
“ENDOCRINOLOGIA DELL’INFANZIA, DELL’ADOLESCENZA E DELLA DONNA”  
Sezione di Endocrinologia  
Dipartimento Clinico Sperimentale di Medicina e Farmacologia  
Azienda Ospedaliera Universitaria Policlinico Gaetano Martino  
Padiglione H, 4 piano  
Via Consolare Valeria - 98125 Messina - ITALY

I [name, middle name, surname] , .....  
born at [city, nation] ..... on [day, month, year ] .....  
Social security number [if any] .....  
living in [street, city with ZIP code, nation] .....  
.....  
phone [home ; work ; mobile, all with country code and city codes] .....  
....., fax [home; work] .....  
Email [primary, secondary] .....  
mail address where correspondence should be sent (if different from the above one)  
.....  
.....

**RESPECTFULLY ASK**

to be admitted to attend the Master “Endocrinologia dell’Infanzia, dell’Adolescenza e della Donna” in the academic year 2007-2008.

To this end, **under my own responsibility and being aware of the penalties I would incur under the Italian and other applicable laws if my declarations are false,**

**I MYLSELF STATE THAT (\*)**

- a. the data I report here are true ;
- b. I hold the degree of **Medical Doctor**, which I earned at the University of .....  
..... on [day, month, year] .....  
with [votes, if applicable] ..... defending a thesis entitled  
.....
- c. I hold the degree of [**graduation other than Medicine**] .....  
which I earned at the University of.....  
on [day, month, year] ..... with [votes, if applicable] .....
- d. I have read the information on this Master provided above;
- e. it is my intention to attend this Master and pay its fees either directly or through my sponsor ;
- f. I will inform the Master’s authorities of any change in my address(es)

continued

---

(\*) Unless the applicant holds two degrees (medical and nonmedical), item “b” and item “c” are mutually exclusive.

*continued, Attachment A- Application*

I specify below my interest in the Master [ **check the appropriate box** ]

- **I graduated in Medicine and I am interest to attend the whole Master** :
- **I graduated in Medicine and I am interest to attend one or more of the following modules**
  - Module 1 (Endocrinology of Childhood and Adolescence) ;
  - Module 2 (Endocrinology of the woman in the fertile age);
  - Module 3 (Endocrinology of the woman in the post-fertile age);
  - Module 4 (Endocrine Emergency)
- **I did not graduate in Medicine, and am interested to attend one ore more of the following modules. Because I am not a physician, I understand that I cannot be admitted to the stages.**
  - Module 1 ;  Module 2 ;  Module 3 ;  Module 4

**IN THE PACKAGE MAILED I HAVE ENCLOSED:**

1. Application form (this form, **attachment A**)
2. Photocopy of the wire transfer to Banco di Sicilia - Tesoreria Enti . Ag. 1814, Corso G. Garibaldi, 54 - 98122 Messina, Italy, using the international coordinates **IBAN: IT12 T010 2016 5950 0000009270, BIC: BSICITRRMES** [  ] or, as I leave in Italy and have access to an Italian bank, using the national coordinates of Banco di Sicilia, that is: conto corrente n. “0000009270” ABI ”01020”, CAB “16595”, CIN “T” [  ]. [**Please check the box for either the international or national bank coordinates**]. The amount transferred is euro 135/00 (onehundredthirtyfive/00) because I want to attend all four modules [  ] or euro 100/00 (onehundred/00) because those (physicians or non-physicians) who wants to attend up to three modules Master [  ] [**Please check either the € 135/00 or the € 100/00 box**] . **The accompanying information for the wire transfer is “Master di Endocrinologia- Tassa di partecipazione”.**
3. Certificate of graduation in Medicine (or graduation in other branches) in English or translated in English [  ] or in Italian [  ] (**Please check the appropriate box for translation**).
4. *Curriculum vitae*, with reference, if any, to title of thesis, possible doctorates, specializations, stages in other universities, knowledge of foreign languages, scientific publications, etc...
5. Two color photographs similar to those appearing in passports.
6. Full mailing address, including telephone (with country code and city code), cell phone (if owned), fax (if available), email.
7. Photocopy of passport (cover and page containing photo and identification details).
8. Letter of intent by the sponsor(s) who are willing to pay for the attendance fee (The sponsor/s is/are .....).
9. Letter stating the preferred date(s) for the admission interview (see above Access). [**Reminder for the applicant:** This date has to be prior to the scheduled beginning of the teaching activities, that is prior to January 14, 2008 (see Calendar)].

Date (day, month, year)

Signature

.....

.....



**Attachment B) – Registration to the whole Master [only for graduates in Medicine,** to be filled-in once admitted after having passed the interview (aptitude test). This registration form can be given directly to the Administrative Secretary of the Master at the end of the interview ] [ Please print or, if writing, use uppercase letters. ].

To the kind attention of prof. Salvatore Benvenga  
Director, Master Universitario di 2° livello  
“ENDOCRINOLOGIA DELL’INFANZIA, DELL’ADOLESCENZA E DELLA DONNA”  
Sezione di Endocrinologia  
Dipartimento Clinico Sperimentale di Medicina e Farmacologia  
Azienda Ospedaliera Universitaria Policlinico Gaetano Martino  
Padiglione H, 4 piano  
Via Consolare Valeria - 98125 Messina - ITALY

I [name, middle name, surname] , .....  
born at [city, nation] ..... on [day, month, year ] .....  
Social security number [if any] .....  
living in [street, city with ZIP code, nation] .....  
.....  
phone [home ; work ; mobile, all with country code and city codes] .....  
....., fax [home; work] .....  
Email [primary, secondary] .....  
mail address where correspondence should be sent (if different from the above one)  
.....  
.....  
because I passed the admission test, I respectfully ask to be permitted to attend this Master in the academic year 2007-2008

To this end, **under my own responsibility and being aware of the penalties I would incur under the Italian and other applicable laws if my declarations are false,**

I MYLSELF CONFIRM WHAT I WROTE IN MY APPLICATION FORM, NAMELY THAT

- a. the data I written in my application and the documents I have presented are real ;
- b. I hold the degree of **Medical Doctor**, which I earned at the University of .....  
..... on [day, month, year] .....  
with [votes, if applicable] ..... defending a thesis entitled  
.....  
.....
- c. I have read the information on this Master provided above;
- d. it is my intention to attend this Master and pay its fees either directly or through my sponsor, and that failure to comply with payment will prevent me form getting the Diploma ;
- e. I will inform the Master’s authorities of any change in my address(es)

*continued, Attachment B-Registration to the whole Master*

I chose the form of payment specified in this Table [please **check only one of the two boxes**]. Failure to pay will prevent me from being admitted to final examination, discussion of thesis and obtaining the Diploma.

<b>Check one box</b>	<b>Preferred modality of payment of the attendance fee to the whole Master</b>	<b>Specifications *</b>
<input type="checkbox"/>	Euro 2,565/00 (twothousandfivehundredsixtyfive/00) within 15 days from to-day, that is within 15-days from the date I have passed the interview.	Transfer to checking account number 00000009270 belonging to Dipartimento Clinico Sperimentale di Medicina e Farmacologia dell'Università degli Studi di Messina. Reason for payment is : " <i>Tassa di partecipazione al Master Universitario di secondo livello Endocrinologia dell'Infanzia, dell'Adolescenza e della Donna (direttore: prof. Salvatore Benvenga)</i> "  The receiving bank is Banco di Sicilia - Tesoreria Enti . Ag. 1814, Corso G. Garibaldi, 54 - 98122 Messina, Italy. Its international coordinates (for payments from outside Italy) are : <b>IBAN: IT12 T010 2016 5950 00000009270</b> <b>BIC: BSICITRRMES</b>
<input type="checkbox"/>	Euro 2,565/00 (twothousandfivehundredsixtyfive/00) in <b>three instalments</b> , of 855/00 (eighthundredfiftyfive/00) each. Deadline for these instalments: within 15 days from to-day (1 <sup>st</sup> ), within the third month of the Master (2 <sup>nd</sup> ), and one month prior to final examination and discussion of the thesis (3 <sup>rd</sup> and last).	See above. As reasons for payment, specify if the first, second or third instalment.

\* **Please note:** Because bank names and accounts may change, before instruct your bank to make the money transfer, please double-check with the Administrative Secretary of this Master (dott.ssa Maria Grimaldi, tel. +39.090.221.2720, fax +39.090.221.3300, [mgrimaldi@unime.it](mailto:mgrimaldi@unime.it)) that the specifications given in the Table remain valid or, instead, have changed. Because banks use to apply fees for transactions, please **make sure that the net amount credited to our bank is a total of euro 2,565/00**; otherwise, you or your sponsor will be asked to add the extra-amount withdrawn from either bank as a transaction fee.

City and Country ..... Date (day, month, year) .....

Name and Surname ..... Signature .....

**Attachment C) – Registration form [only for those, either physicians or non-physicians, interested in modules.** This Registration form has to be filled-in within the first day of the first module they have chosen ] [ Please print or, if writing, use uppercase letters. ].

To the kind attention of prof. Salvatore Benvenga  
Director, Master Universitario di 2° livello  
“ENDOCRINOLOGIA DELL’INFANZIA, DELL’ADOLESCENZA E DELLA DONNA”  
Sezione di Endocrinologia  
Dipartimento Clinico Sperimentale di Medicina e Farmacologia  
Azienda Ospedaliera Universitaria Policlinico Gaetano Martino  
Padiglione H, 4 piano  
Via Consolare Valeria - 98125 Messina - ITALY

I [name, middle name, surname] , .....  
born at [city, nation] ..... on [day, month, year ] .....  
Social security number [if any] .....  
living in [street, city with ZIP code, nation] .....  
.....  
phone [home ; work ; mobile, all with country code and city codes] .....  
....., fax [home; work] .....  
Email [primary, secondary] .....  
mail address where correspondence should be sent (if different from the above one)  
.....  
.....

I respectfully ask to be permitted to attend the following modules of this Master in the academic year 2007-2008:  Module 1 ;  Module 2 ;  Module 3 ;  Module 4 (please check box/boxes)

To this end, **under my own responsibility and being aware of the penalties I would incur under the Italian and other applicable laws if my declarations are false,**

I MYLSELF CONFIRM WHAT I WROTE IN MY APPLICATION FORM, NAMELY THAT (\*)  
a. the data I written in my application and the documents I have presented are real ;  
b. I hold the degree of **Medical Doctor**, which I earned at the University of .....  
..... on [day, month, year] .....  
with [votes, if applicable] ..... defending a thesis entitled  
.....  
.....  
c. I hold the degree of [graduation other than Medicine] .....  
which I earned at the University of.....  
on [day, month, year] ..... with [votes, if applicable] .....

continued

---

(\*) Unless the applicant holds two degrees (medical and nonmedical), item “b” and item “c” are mutually exclusive.

**Continued, Attachment C – Registration for Modules**

- d. I have read the information on this Master provided above;
- e. it is my intention to attend this Master and pay its fees either directly or through my sponsor, and that failure to comply with payment will prevent me from getting the Diploma ;
- f. I will inform the Master’s authorities of any change in my address(es)

I chose the form of payment specified in this Table [please check only one of the two boxes]. Failure to pay will prevent me from being admitted to the periodic examinations, final examinations and, obtaining the Certificate of attendance and related credits. The module(s) I have chosen is/are:  module 1,  module 2,  module 3,  module 4 [please check one ore more boxes].

	<b>Preferred modality of payment of the attendance fee. (*)</b>
<input type="checkbox"/>	Euro 2,565/00 (twothousandsfivehundredsixtyfive/00) prior to the beginning of the first of <b>all four modules</b> .
<input type="checkbox"/>	Euro 1,950/00 (onethousandninehundredfifty/00) prior to the beginning of the first of the <b>three modules</b> I have chosen.
<input type="checkbox"/>	Euro 1,300/00 (onethousandthreehundredtwo/00) prior to the beginning of the first of the <b>two modules</b> I have chosen.
<input type="checkbox"/>	Euro 650/00 (sixhundredfifty/00) prior to the beginning of the single <b>module</b> I have chosen.
<input type="checkbox"/>	Euro 2,565/00 (twothousandsfivehundredsixtyfive/00) in three instalments of euro 855/00 each (eighthundredfiftyfive/00) : the 1 <sup>st</sup> prior to the beginning of the first of <b>all four modules</b> ; the 2 <sup>nd</sup> within the third month of the Master; the 3 <sup>rd</sup> month prior to final examinations.
<input type="checkbox"/>	Euro 1,950/00 (onethousandninehundredfifty/00), in three instalments of euro 650/00 (sixhundredfifty/00) each; each instalment prior to the beginning of each of the <b>three modules</b> .
<input type="checkbox"/>	Euro 1,300/00 (onethousandtwohundredtwo/00), in two instalments of euro 650/00 (sixhundredfifty/00) each; each instalment prior to the beginning of each of the <b>two modules</b> .
<input type="checkbox"/>	Euro 650/00 (sixhundredfifty/00) prior to the beginning of the single <b>module</b> I have chosen.

(\*) For the day each module begins see above, Calendar.

**Payment is via by bank transfer.** – Payment is in favor of the Dipartimento Clinico Sperimentale di Medicina e Farmacologia dell'Università degli Studi di Messina. Reason for payment is : *"Tassa di partecipazione al Master Universitario di secondo livello Endocrinologia dell'Infanzia, dell'Adolescenza e della Donna (direttore: prof. Salvatore Benvenega)"*. The receiving bank is Banco di Sicilia - Tesoreria Enti . Ag. 1814, Corso G. Garibaldi, 54 - 98122 Messina, Italy. Its international coordinates (for payments from outside Italy) are :

**IBAN: IT12 T010 2016 5950 00000009270 , BIC: BSICITRRMES .**

Because bank names and accounts may change, before instructing your bank to make the money transfer, please double-check with the Administrative Secretary of this Master (dott.ssa Maria Grimaldi, tel. +39.090.221.2720, fax +39.090.221.3300, [mgrimaldi@unime.it](mailto:mgrimaldi@unime.it)) that these payment specifications remain valid or, instead, have changed.

Because banks use to apply fees for transactions, please **make sure that the net amount credited to our bank is a total of euro 2,565/00**; otherwise, you or your sponsor will be asked to add the extra-amount withdrawn from either bank as a transaction fee.

City and Country ..... Date (day, month, year) .....

Name and Surname ..... Signature .....