

HEPATITIS B VIRUS HETEROGENEITY A MEANS TO PERSONALIZED CARE

Pisa (Palazzo dei Congressi) - January 22nd -23rd, 2010

REGISTRATION AND ACCOMMODATION FORM

To be returned filled within **DECEMBER 14th, 2009** by e-mail to: hepatology2010@aicgroup.it

NO REGISTRATION WILL BE PROCESSED WITHOUT FULL PAYMENT AND INVOICE DETAILS (SECTION 3)

Last Name _____	First Name _____
M.D. <input type="radio"/> Ph.D. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/>	E-mail _____
Organization _____	Division _____
Title _____	Mailing Address _____
Country _____	City _____
Zip code _____	Mobile phone _____
Telephone _____	Fax number _____

1. REGISTRATION FEES (VAT INCLUDED)

Participant	Delayed Registration Until January 11 th	On site Registration	Staff Registration
Fee includes: access to all meeting sessions, name badge, meeting bag with informational meeting materials, refreshments during the breaks, lunches (Jan 22 nd / 23 rd), social dinner	Euros 750,00	Euros 900,00	€ 300,00
Staff registration fee does not include CME and social dinner			

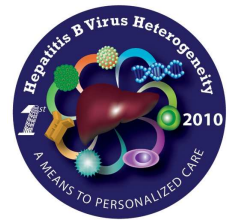
Attention: seats for social dinner no more available

2. HOTEL RESERVATION (VAT INCLUDED)

Please contact the Organizing Secretariat
Asti Incentives & Congressi to have information on hotel availability:
Mail to: benedettarmani@aicgroup.it

- I do **NOT** require hotel accommodation
- I **DO** require the following hotel accommodation
- Single occupancy
- Dus occupancy
- Double occupancy with _____

arrival date _____ departure date _____ Total nr. _____ nights



- No hotel request will be processed without payment*: Asti Incentives & Congressi will charge on your credit card one night deposit to guarantee your reservation + non-refundable handling fee € 20,00 (vat included)
- Hotel requests cannot be guaranteed after **December 14th, 2009**, anyway requests will be accepted until January 11th, 2010
- Each delegate will be mailed a confirmation letter by the Organizing Secretariat
- Refund of the amount paid (1st night deposit) will be provided for room cancellations sent in writing by fax or e-mail to **A.I.C.** within **December 14th, 2009** handling fee excluded (€ 20,00)
- No refund will be provided for room cancellations received after **December 14th, 2009**
- **No refund will be provided for registrations received after December, 23rd, 2009**

**Please notice that your credit card information regarding your hotel reservation will be transferred to the hotel. Hotels will not accept reservations without a credit card number.*

TOTAL AMOUNT = € _____

I hereby authorize Asti Incentives & Congressi to charge this credit card according to the information included in this form and with my acceptance I confirm that I have read and accepted the cancellation policy shown above

Credit card Information: Visa Mastercard

Card number _____

Exp. date _____

Cardholder's name _____

Signature _____

Security code (last 3 digits on the back of the card) _____

3. INVOICE (1 invoice will be issued for ALL registrations - section below MUST be filled)

Company Name / Participant name _____

Address _____

Social Security number _____

VAT Registration number _____

4. OTHER REQUESTS

please check if required and we will contact you by e-mail

I hereby authorize the Organizing Secretariat to the treatment of my personal data for all the aims related with the above mentioned meeting and according to the law 675 of 31.12.96

Date _____

Full Name in block letters _____

Signature _____

Organizing Secretariat
A.I.C. - Asti Incentives & Congressi srl

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e-mail: hepatology2010@aicgroup.it