



PARATHYROIDS 2010

From Pathophysiology to the Clinical Use of PTH
Pisa, February 11-13, 2010



SCIENTIFIC COORDINATORS: *John P. Bilezikian, Claudio Marcocci, Aldo Pinchera*

www.parathyroids2010.com

DELEGATES REGISTRATION AND ACCOMMODATION FORM

To be returned filled within **Friday, January 8, 2010** by e- mail to: parathyroids2010@aicgroup.it or fax to: +39 050 598688

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

Last Name _____ First Name _____
 M.D. Ph.D. Mr. Mrs.
 Title _____ E-mail _____
 Organization _____ Division _____
 Mailing Address _____ Country _____
 City _____ Zip code _____
 Telephone _____ Fax _____
 Social Security Number _____ Date of birth (Young Delegates) _____

1. REGISTRATION FEES (VAT INCLUDED)

(check selection)

	Early Registration Until Nov 16, 2009	Advanced Registration Nov 17, 2009 – Feb 3, 2010	On-site Registration
Delegate*	Euros 350.00	Euros 400.00	Euros 450.00 _____ €
Young Delegate (age<35 ys)*	Euros 280.00	Euros 300.00	Euros 350.00 _____ €
Accompanying person** Name _____	Euros 150.00	Euros 150.00	Euros 150.00 _____ €

*Fee includes: access to all meeting sessions and Commercial exhibition, Abstract Book, Name Badge, Congress Bag with informational meeting materials, Certificate of Attendance, Coffee-breaks, Lunches (Feb 12th & 13th), Welcome Reception and Social Dinner

**Fee includes: Welcome Reception and Social Event

2. HOTEL REQUEST

(check type of room – to be returned filled within **Friday, January 8, 2010**)

- I do NOT require hotel accommodation
 I DO require the following hotel accommodation

Single occupancy Double occupancy

arrival date _____ departure date _____ Total # _____ nights

Selected hotel (see Hotel Info) _____ 1st night deposit _____ €

Accommodation fee (to be added to 1st night deposit) 15,00 €

Asti Incentives & Congressi will only charge one night hotel accommodation in order to guarantee your reservation. Balance must be paid directly to hotel on arrival. 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 (1+ 2+ accomodation fee) _____ €

I authorize Asti Incentives & Congressi to charge in this credit card account the total amount of payment according to the information included in this form and with my acceptance I confirm that I have read and accepted the cancellation policy shown in Meeting Information.

Credit card Information: Visa Mastercard

Card number _____

Exp Date _____

Cardholder's name _____

Signature _____

3. INVOICE

Invoice will be issued for ALL registrations - section below MUST be filled

Asti Incentives & Congressi will issue invoice for registration and accommodation fees.

Hotel will issue invoice for the whole period of accomodation.

Company Name / Delegate Name _____

Address _____

Social Security Number _____

VAT Registration Number _____

4. LETTER OF INVITATION

please check if required and it will be forwarded to you with your confirmation letter

5. OTHER REQUESTS

please check if required and we will contact you shortly by email

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
Asti Incentives & Congressi srl
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