



# **7<sup>TH</sup> SKELETAL ENDOCRINOLOGY MEETING**

## **2<sup>ND</sup> TRANSLATIONAL ESE BONE COURSE**

Main Hall - University of Brescia - 17<sup>th</sup> /18<sup>th</sup> September 2015

### **Registration and Accommodation Form** (pag. 1/3)

To be returned filled within **AUGUST 21<sup>TH</sup>** by fax to +39 050 598688

or e- mail to [skeletal2015@aicgroup.it](mailto:skeletal2015@aicgroup.it)

**REGISTRATIONS WITHOUT FULL PAYMENT AND INVOICE DETAILS WILL NOT BE ACCEPTED**

## **1. REGISTRATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

M.D.  Ph.D.  Mr.  Mrs.  E-mail \_\_\_\_\_

Organization \_\_\_\_\_ Division \_\_\_\_\_

Title \_\_\_\_\_ Mailing Address \_\_\_\_\_

Country \_\_\_\_\_ City \_\_\_\_\_

Zip code \_\_\_\_\_ Mobile phone \_\_\_\_\_

Telephone \_\_\_\_\_ Vat Registration Nr. \_\_\_\_\_

### **REGISTRATION FEE** (Current vat 22% included)

	<b>BY 25<sup>th</sup> JULY 2015</b>	<b>FROM 26<sup>th</sup> JULY UNTIL AUGUST 21<sup>st</sup></b>	<b>ON SITE</b>
Delegate <b>GIOSEG/ESE/SIE MEMBERS</b>	€ 350,00	€ 400,00	400,00
Delegate	€ 400,00	€ 450,00	€ 450,00
Training UNDER 35	€ 150,00	€ 150,00	Not available

Identity Document (ID) is required for delegates UNDER 35.

Registration fee includes: Congress Kit, Certificate of Attendance, Opening Ceremony, Lunches and Coffee Breaks mentioned in program.

Registration is required for all participants.

**Meeting Organizing Secretariat**

**A.I.C. Asti Incentives & Congressi**

Piazza San Uomobono, 30 56126 Pisa - Italy

Tel. +39050598808 Fax +39050598688

Email: [skeletal2015@aicgroup.it](mailto:skeletal2015@aicgroup.it)

**Provider (ID 38)**

**Planning Congressi srl**

Via Guelfa, 9 40138 Bologna - Italy

Tel. +39051300100 Fax +39051309477

Email: [info@planning.it](mailto:info@planning.it)



## CANCELLATION & REFUND

Requests for refund must be received **within 21<sup>st</sup> July 2015 by email to:** skeletal2015@aicgroup.it (A.I.C. Asti Incentives & Congressi). All refunds will be sent after the Meeting.  
No refund will apply for cancellations received **after 21<sup>st</sup> July 2015**

**GIOSEG MEMBER**  **ESE MEMBER**  **SIE MEMBER**

**PAYMENT REGISTRATION FEES €** \_\_\_\_\_ (PLEASE INDICATE AMOUNT DUE)

### BY CREDIT CARD (IN EURO)

I authorize Asti Incentives & Congressi to charge on 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 \_\_\_\_\_ CVC code \_\_\_\_\_

Authorization Signature \_\_\_\_\_

### BY BANK TRANSFER (IN EURO)

#### Domestic Bank Transfer

Account Holder: Asti Incentives & Congressi srl  
Bank: Monte dei Paschi di Siena – Sede di Pisa  
IBAN: IT95 D0103014000000002084433  
Payment Description: **Delegate's Name / Skeletal 2015**

#### International Bank Transfer

Account Holder: Asti Incentives & Congressi srl  
Bank: Monte dei Paschi di Siena – Sede di Pisa  
IBAN: IT95 D0103014000000002084433  
BIC or SWIFT: PASCITMMPIS  
Payment Description: **Delegate's Name / Skeletal 2015**

Date \_\_\_\_\_

Full Name in block letters \_\_\_\_\_

Signature \_\_\_\_\_

## 2. HOTEL ACCOMMODATION

By filling this section you will receive an e-mail with our proposals

I do NOT require hotel accommodation

I DO require the following hotel accommodation

Single occupancy

Double occupancy

with \_\_\_\_\_

arrival date \_\_\_\_\_ departure date \_\_\_\_\_ Total nr. \_\_\_\_\_ nights

Select Hotel Class: 3 stars  (average price per room per night € 70.00 + 22% taxes)

4 stars  (average price per room per night € 81.00 + 22% taxes)

## 3. INVOICE

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

Company Name / Participant name \_\_\_\_\_

Address \_\_\_\_\_

Social Security number/Personal Fiscal Code \_\_\_\_\_

VAT Registration number \_\_\_\_\_

## 4. INVITATION LETTER

If required it will be sent by e-mail with your confirmation letter

required  NOT required

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 \_\_\_\_\_



Meeting Organizing Secretariat

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