



**7<sup>th</sup>- 8<sup>th</sup> April 2017**  
MAMU - Mantova Multicentre  
Largo di Porta Pradella, 1B - 46100 Mantova (Italy)

**European Society  
of Endocrinology**  
*the European hormone society*

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

## **3<sup>RD</sup> TRANSLATIONAL ESE BONE COURSE**

MAMU - Mantova Multicentre 7<sup>th</sup> /8<sup>th</sup> April 2017

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

To be returned filled within **3<sup>RD</sup> APRIL 2017** by fax to +39 050 0987825

or by e- mail to [skeletal2017@aicgroup.it](mailto:skeletal2017@aicgroup.it)

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

### **1. REGISTRATION**

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

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

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

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

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

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

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

Fiscal Code (for Italian participants) \_\_\_\_\_

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

	<b>BY 10<sup>TH</sup> MARCH 2017</b>	<b>FROM 11<sup>TH</sup> MARCH UNTIL 3<sup>RD</sup> APRIL 2017 – ON SITE</b>
Delegate Gioseg/ESE/SIE Member	€ 350,00	€ 400,00
Delegate Gioseg/ESE/SIE NON Member	€ 400,00	€ 450,00
Delegate UNDER 35	€ 150,00	€ 150,00

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

Registration fee includes: Congress Kit, Certificate of Attendance, Opening Ceremony, Open Coffee on 7<sup>th</sup> April afternoon and 8<sup>th</sup> April morning. Registration is required for all participants.



**A.I.C. Asti Incentives & Congressi srl (Provider ID 5468)**

Piazza San Uomobono, 30 56126 Pisa - Italy

Ph. +39 050 598808 - Fax +39 050 0987825 - [skeletal2017@aicgroup.it](mailto:skeletal2017@aicgroup.it)

## CANCELLATION & REFUND

Requests for refund must be received within 31<sup>st</sup> March 2017 by email to: skeletal2017@aicgroup.it (A.I.C. Asti Incentives & Congressi). All refunds will be sent after the Meeting.  
No refund will apply for cancellations received from 1<sup>st</sup> April 2017.

GIOSEG MEMBER

ESE MEMBER

SIE MEMBER

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

### BY CREDIT CARD (IN EUROS)

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 2017**

#### 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 2017**

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

3 stars Hotel      price per DUS room per night € 75,00 + 22% taxes  
price per DBL/TWN room per night € 86,00 + 22% taxes

## 3. INVOICE

Invoice will be issued by Asti Incentives & Congressi srl for ALL registrations – section below MUST be filled

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

Address \_\_\_\_\_

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

Fiscal Code (\*compulsory for Italian participants) \_\_\_\_\_

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 \_\_\_\_\_



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