



REGISTRATION FORM

(Please write in BLOCK LETTERS and fax or send to: Meeting Planner srl
Via S. Matarrese 12 Pal. G – 70124 BARI, Italy, fax +39.080.9905359)

Last name _____ First name _____

Address _____

City _____ Zip code _____

Country _____

Phone _____ Mobile phone _____

e-mail _____ Fax _____

Invoice to _____

Address _____

VAT/Fiscal Code _____

☐ **Registration Fee € 100,00 + VAT**

☐ **Dinner € 50,00**

Total amount due: € _____

PAYMENT

☐ **Bank transfer to Meeting Planner srl**

UniCredit – Bari – Italy

IBAN: IT21X0200804024000010278286

BIC: UNCRITM1H04

Registrants must pay all bank charges, in addition to the registration fee/hotel reservation. Please write the title of the Congress: "Myeloma Meeting" and the participant's name on the bank transfer.

☐ **Credit Card**

☐ **VISA** ☐ **MasterCard**

Cardholder's name _____

Card no _____

Expiration date _____

Identification no (CVC code) _____ (on the back side of your credit card)

Date _____

Signature _____

Pursuant to the Italian Act on Privacy no. 196 of June, 30, 2003, I hereby authorize to use my personal data contained herein.