



TECHNOLOGIES IN PERIPHERAL ARTERIAL OCCLUSIVE DISEASE

Bologna (Italy), 2-3 October 2014

ACCOMMODATION FORM

Name		Surname	
Title		Address	
City	Zip	Country	
Phone nr.	Mobile	Fax nr.	
E-mail		Fiscal Code (Italians only)	

DETAILS FOR INVOICE (ESSENTIAL)

Name of individual or organization		
VAT ID Number/National Insurance Number		
Address	Postal Code	City

ACCOMMODATION FEE (VAT 22% included)

☐ Double room for single use - 1 night
at the congress venue € 183,00

Check-in Date:

Check-out Date:

Accommodation: ☐ Single Room ☐ Double Room

Accompanied Person: ☐ Yes ☐ No

Name and Surname:

PAYMENT METHOD

Payment will be made by Bank Transfer to FC EVENTI srl
IBAN: IT58G0558402409000000000077
BBAN: G0558402409000000000077
Bank charges are the responsibility of the payee.

The accommodation form should be sent
with copy of the bank receipt to:

FC EVENTI Srl

Vicolo Posterla, 20/2A - 40125 Bologna
Tel. +39 (0)51 236895 - Fax +39 (0)51 2916933
E-mail: info@fc-eventi.com