

WHEN THE CONNECTIONS ARE CRUCIAL

September 24th - 26th, 2015

Presidents Marco Maria Fontanella Giannantonio Spena

REGISTRATION FORM

To be completed in block letter and sent with payment receipt to:

My Meeting S.r.l. - Via 1° Maggio 33/35 - 40064 Ozzano dell'Emilia (BO)
Tel. +39 051 796971 - Fax +39 051 795270 - info@mymeetingsrl.com

Deadline for registration September 18th, 2015 After this date registration is possible only at Meeting Venue

Family Name			
First name			
——— PROFESSIONAL ADDRESS ————			
Hospital/Institution			
Department Role			
Address			
Zip Code City			
Country State			
Ph. Fax			
e-mail			
PRIVATE ADDRESS			
Address			
Zip Code City			
Country State			
COMPULSORY FOR ALL PARTICIPANTS			
Invoice made out to:			
Address			
Zip Code City Country			
Tax N°			
VAT N°			
E-mail:			
RISERVATO ALLE ASL E AZIENDE OSPEDALIERE Richiesta di esenzione IVA (art. 10 comma 20 D.P.R. 633/72) Per poter usufruire della quota di iscrizione esente IVA è necessario barrare la casella sottostante e apporre il timbro dell'azienda a cui deve essere intestata la fattura. La scheda priva di timbro non sarà ritenuta valida ai fini dell'esenzione dell'IVA.			
With reference to the information on private data provided in the "General Information" section of the Meeting Program. I hereby give my consent to the processing of my personal data, according to Legislative Decree no. 196/2003.			
DateSignature			



REGISTRATION FEES			
	(VAT included)	(VAT excluded)	
Regular	□ € 150,00	□ € 122,95	
Residents and Trainees° Accompaying person Company Staff*	□ € 100,00	□€ 82,65	
 Proof must be provided by the Director of Program *In addition to those included in the sponsorship agreement The Regular and Residents and Trainees registration fee includes: Attendance to all Scientific Sessions Entrance to the exhibition area Attendance Certificate Badge and Meeting Kit Food & Beverage The Accompanying Person registration fee includes: Difference between single and double room Food & Beverage The Company Staff registration fee includes: Entrance to the exhibition area Food & Beverage 			
SUMMARY OF PAYMENT			
1. REGISTRATION FEE TOTAL PAYMENT	€		
HOW TO PAY			
Card Number Expiry date Security code 3 digits on the back of the card) Holder's name			
Total amount € Signature			
□ Bank Transfer made to the order of the following account In favour of: My Meeting Srl Description: THE BRAIN AND GLIOMAS – cod. H8 Bank: CARISBO Cassa di Risparmio in Bologna			

Bank: Address:

Via Jussi 1

Account N°: IBAN: IT13 Y063 8537 0701 00000006 418 SWIFT-BIC Code: IBSPIT2B

A copy of bank transfer must enclose your Registration Form.