GENERAL INFORMATION

For Italian participants only

OSPEDALIERE

In caso di richiesta di emissione fattura nei confronti di enti esenti IVA, quali ad esempio A.S.L. o Aziende Ospedaliere, il partecipante dovrà farne richiesta al momento dell'invio della scheda di iscrizione (barrando l'apposita casella e apponendo il timbro dell'ente) ed effettuare il pagamento contestualmente all'invio della scheda. Qualora l'A.S.L. o A.O. non riuscisse a fornire al partecipante copia dell'avvenuto pagamento da allegare alla scheda di iscrizione, quest'ultimo dovrà anticiparne la quota. Sarà comunque emessa fattura quietanzata intestata secondo quanto riportato sulla scheda di iscrizione da parte del partecipante.

Una volta emesse le fatture non potranno essere modificate. Per il pagamento chiediamo di attenersi scrupolosamente alle quote ESENTI IVA.

HOW TO REGISTER AND HOW TO PAY

To subscribe to this Meeting is necessary to fill the **Registration Form** available on the dedicated website and send it together with payment to the Organizing Secretariat My Meeting (Fax +39 051/795270 - e-mail: info@mymeetingsrl.com).

The registration will be confirmed by e-mail with a voucher.

No registration will be processed unless accompanied payment.

A receipt of payment for the total amount will be issued directly by My Meeting Srl.

CANCELLATION POLICY

No refunds will be made for cancellations. Notification of cancellation or substitutions must be made in written to the Organizing Secretariat.

Deadline for registration October 28th, 2015. After this date you can enroll only at the Meeting Venue.

HOTEL ACCOMMODATION

ISCRIZION A CARICO DI ASL E AZIENDE On the occasion of the meeting have been provided incentive rates for participants at the Congress Venue Starhotels Michelangelo.

Agreed rates per room, per night, including breakfast and VAT 10%

Double for single use € 140,00* € 170.00* Double Room

*excluded City tax € 4,50 per person per night to be paid at check in.

To make a reservation contact the hotel directly at the following addresses and refer to the agreement with Organizing Secretariat My Meeting for the "Annual Meeting SINch Spine Section - Looking at the Future ...".

e-mail: reservations.michelangelo.it@starhotels.it

Ph. +39 055 27841

It is advisable to make reservations in advance and no later than August 30th, 2015.

Requests will be processed in order of arrival and availability.

INSURANCE

Registration fees do not include insurance of any kind. It is strongly recommended that any time your register for the Meeting and book your travel you take out an insurance policy of your choice. The Organizing Secretariat cannot take any responsibility for any Participant failing to arrange their own insurance. This insurance is to be purchased in your country of origin.

VISA

Some participants may need an entry VISA for Italy. Participants are requested to consult the Italian Embassy or Consulate in their home country or with their travel agency for specific details relating to visa requirements. It is the responsibility of the participant to obtain a visa if required. For more information see the web site of the Italian Ministry of Foreign Affairs:

http://www.esteri.it/visti/index eng.asp

Your personal data, voluntarily provided on this occasion and collected by My Meeting Srl, shall be manually and electronically processed, for the following purposes: keeping files on your participation in Congresses, Conferences, Meetings and other Events organized by My Meeting Srl and in compliance with law provisions. Your personal data shall be communicated to suppliers and third parties involved or participating in the Event as well as to relevant public authorities, in compliance with low provisions. Provision of requested personal data for the purposes listed above is compulsory for your participation in the Event. Personal data are kept by My Meeting Srl – Via 1º Maggio 33/35 – 40064 Ozzano dell'Emilia (BO) – Italy, You shall be entitled to exercise all the rights provided for by Title II of Legislative Decree no. 196/2003.By signing the Registration Form of the Congress you declare that you read the information provided and give your consent to the processing and communication of your personal data for the provided and give your consent to the processing and communication of your personal data for the purposes listed above.