



# 4<sup>th</sup> Bologna-Budapest Spine Meeting on TUMORS & OSTEOPOROSIS

Royal Hotel Carlton, **Bologna, Italy**  
**October 22<sup>nd</sup>-24<sup>th</sup> - 2015**

Chairmen

**Stefano Boriani MD**

I.R.C.C.S. Rizzoli Orthopaedic Institute  
Bologna, Italy

**Peter Pal Varga MD**

Buda Health Center  
National Center for Spinal Disorders  
Budapest, Hungary

## REGISTRATION FORM

To be completed in block letter and sent with payment



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

**Deadline for registration October 15<sup>th</sup>, 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 ..... Mobile .....

### 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.

☐ timbro dell'Ente che fa richiesta di esenzione 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.

Date ..... Signature .....

### REGISTRATION FEES (VAT included)

	early bird fee (20% discount till August 31 <sup>st</sup> )	from September 1 <sup>st</sup>
<b>Regular</b>	<input type="checkbox"/> € <b>240,00</b>	<input type="checkbox"/> € <b>300,00</b>
<b>Residents and Trainees<sup>o</sup></b>	<input type="checkbox"/> € <b>100,00</b>	
<b>Company Staff*</b>	<input type="checkbox"/> € <b>120,00</b>	

<sup>o</sup> 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 Company Staff registration fee includes:**

- Entrance to the exhibition area
- Food & Beverage

### SUMMARY OF PAYMENT

I. REGISTRATION FEE € .....

**TOTAL PAYMENT** € .....

### HOW TO PAY

☐ Credit Card



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: **BBSpine – cod. H13**

Bank: **CARISBO Cassa di Risparmio in Bologna**

Address: **Via Jussi I**

**San Lazzaro di Savena (BO), Italy**

Account N°: **IBAN: IT13 Y063 8537 0701 00000006 418**

**SWIFT-BIC Code: IBSPIT2B**

**A copy of bank transfer must enclose your Registration Form.**