

FACE RESTORATION IN MAXILLOFACIAL & PLASTIC SURGERY

FAT GRAFTING, MICROSURGERY, ADVANCED SOFT TISSUE AND BONE SURGERY

Ferrara - Cona, Italy November 12th - 14th, 2015

HOTEL ACCOMMODATION FORM

PERSONAL DETAILS

☐ Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.

NAME _____ SURNAME _____

FISCAL CODE (Compulsory ONLY FOR ITALIAN DELEGATES) _____

INSTITUTION _____

DEPARTMENT _____

INSTITUTE ADDRESS _____

ZIP CODE _____ CITY _____ COUNTRY _____

TEL. _____ FAX _____ E-MAIL _____

ACCOMPANYING PERSON/S no. _____

Name/Surname _____ Name/Surname _____

Name/Surname _____ Name/Surname _____

DIETARY REQUIREMENTS AND OTHER _____

The organizing committee will try to do all the best to satisfy special requests according to local possibilities

INVITATION LETTER FOR VISA:

☐ I require an official invitation letter in order to obtain an entry visa to Italy

HOTEL RESERVATION (22% VAT included)

PLEASE SELECT FROM THE LIST BELOW (HOTEL AND ROOM TYPE)

A wide number of hotel rooms located in Ferrara downtown (about 10-12 Km far from the symposium venue), at special rates for symposium delegates, have been reserved by the Organizing Secretariat. **In order to reserve rooms at "Foresteria" located close the symposium venue it is necessary to contact the Organizing Secretariat.**

HOTEL	SINGLE	DUS	DOUBLE OCCUPANCY	OTHER
4 Star	<input type="checkbox"/> € 100,00	<input type="checkbox"/> € 120,00	<input type="checkbox"/> € 140,00	<input type="checkbox"/>
3 Star	<input type="checkbox"/> € 60,00	<input type="checkbox"/> € 70,00 <input type="checkbox"/> € 80,00	<input type="checkbox"/> € 90,00 <input type="checkbox"/> € 98,00	<input type="checkbox"/>
Foresteria	<input type="checkbox"/> € 50,00	<input type="checkbox"/> € 60,00	<input type="checkbox"/> € 70,00	<input type="checkbox"/>

Type of room requested:

☐ No. _____ Single room (s) ☐ No. _____ DUS room (s) ☐ No. _____ Double room (s) * ☐ No. _____ Other *

* I will share my accommodation with: _____

with: _____

Arrival date: _____ Departure date: _____ Total nights' stay _____ Arrival after 6.00 pm: ☐ yes ☐ no

Second choice of hotel category _____

Other request (e.g. allergies, disability, vegetarian, etc.): _____

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PAYMENT SUMMARY

PAYMENT DETAILS

All payments must be made in Euros to the **Organizing Secretariat A&R Eventi sas**, clearly stating the participant's name and address.
Payment can be effected by Bank Transfer or Credit Card (Visa, Mastercard).

No. of nights of stay _____ X € _____ per room = € _____

Hotel reservation fee € 10,00

GRAND TOTAL € _____

☐ **BANK TRANSFER** made out to "A&R Eventi sas" - **All bank charges should be cleared by participants**

Bank: CARIPARMA CREDIT AGRICOLE - Account # 46397573 IBAN: IT70G0623002409000046397573 Swift Code: CRPPIT2P300

Please ensure that your name and reference "FACE2015" are quoted in your bank transfer instruction and send a copy of this instruction, together with the Registration Form, at the following fax no. +39 051 48 39 525

☐ **CREDIT CARD**

☐ Visa

☐ Mastercard

For payments effected by credit card it is necessary to make the on-line registration at the following website: www.ferraraaffg2015.org

INVOICING DATA

NAME _____

FISCAL ADDRESS _____

ZIP CODE _____ CITY _____ COUNTRY _____

FISCAL CODE (Compulsory) _____ VAT/Tax Payer no. _____

PERSONAL DATA PROTECTION

Notification in accordance with art. 13 Law n. 196/2003. Your personal details will also be processed by computers for the purposes specified on this form and in order to run the hotel booking and for the other adjunct purposes such as assessment of customer satisfaction, sales and marketing, statistical analysis and similar activities entailing notification and circulation of personal information to third parties in Italy and/or elsewhere. Supplying personal details and consenting to data processing are optional but this information is required for completion of the activities outlined above. A&R Eventi sas executive and specified administrative, sales and marketing staff shall be entitled to handle such data in Italy and abroad for the purposes outlined above. A&R Eventi sas with head offices in San Lazzaro di Savena, Bologna Italy - Via R. Benassi 28 - shall be responsible for data processing together with certain allied companies. Your rights to access your personal details and to supplement, correct and update the same, are guaranteed by art. 7 of Law n. 196/2003.

Date _____

Signature _____