

REGISTRATION FORM

Please send this form by fax or by e-mail directly to
Organizing Secretary:

OIC srl – Professional Congress Organiser

Viale Matteotti 7, 50121 Florence, Italy

Phone: +39 (055) 50351 - Fax +39 (055) 5035230

registrationvalve2014@oic.it

by April 14, 2014

MAIN PERSONAL INFORMATION

Please complete this form for ONE participant in block letters.

☐ Prof. ☐ Dr ☐ Mr. ☐ Mrs. ☐ male ☐ female

Last name _____ First name _____

Institution _____

CONTACT INFORMATION

Address _____ Unit, suite, floor _____

Post code _____ City _____ Country _____

E-mail (mandatory) _____

Telephone _____ Telefax _____

Fiscal Code (**mandatory** for Italian participant only) _____

Date and Country of birth (mandatory for foreign participant) _____

BILLING ADDRESS (if different from contact information)

Please head receipt of payment/invoice to: _____

(address, zip code, city, country)

Fiscal / VAT code (MANDATORY) _____

I accept to receive the invoice: ☐ by email as a PDF file - or - ☐ hard copy by post

CONGRESS REGISTRATION

The latest date for pre-registration is **April 14, 2014. After this date, please register on site.**

| FEES VAT (included) | Early Registration by February 14, 2014 | Last Registration From February 15, 2014 to April 14, 2014 | On site Registration |
|---------------------|---|--|-------------------------|
| Registration | € 900,00 | € 950,00 | € 1.000,00 |

Total € _____

Registration fees includes:

| | |
|---|--|
| <input type="checkbox"/> Admission to the Scientific Sessions | <input type="checkbox"/> CME accreditation |
| <input type="checkbox"/> Congress Kit | <input type="checkbox"/> Welcome Dinner April 28, 2014 |
| <input type="checkbox"/> Working lunches e coffee-points | <input type="checkbox"/> Social Dinner April 29, 2014 |

SOCIAL PROGRAMME

Please note: due to space limitation also free of charge events must be reserved. Tickets will be assigned on a first-come first-served basis.

| EVENTS | Nr. of persons (maximum 2 persons) |
|---------------------------------------|------------------------------------|
| Welcome Dinner, Monday April 28, 2014 | |
| Social Dinner, Tuesday April 29, 2014 | |

VALUE SUMMIT

28TH - 30TH APRIL 2014

Please repeat your Surname _____ Name _____

HOTEL RESERVATION

Room reservations can only be processed once the pre-payment has been received. The congress secretariat will confirm the booking and hotel details, according your choice. Local city tax of € 1,00 per person per night will be charged in addition by the hotel payable upon check-out

| HOTEL SANTA TECLA PALACE congress venue: <i>Prices in euro, including breakfast and VAT.</i> | | Prices for night | N° of Night | TOTAL |
|--|----------|-----------------------------|------------------------|----------------|
| CLASSIC ROOM GARDEN VIEW | | | | |
| <input type="checkbox"/> Single occupancy | € 120,00 | € _____ | _____ | € _____ |
| <input type="checkbox"/> Double occupancy | € 160,00 | | | |
| CLASSIC ROOM SEA VIEW | | | | |
| <input type="checkbox"/> Single occupancy | € 140,00 | € _____ | _____ | € _____ |
| <input type="checkbox"/> Double occupancy | € 180,00 | | | |
| DELUXE ROOM GARDEN VIEW | | | | |
| <input type="checkbox"/> Single occupancy | € 140,00 | € _____ | _____ | € _____ |
| <input type="checkbox"/> Double occupancy | € 180,00 | | | |
| DELUXE ROOM SEA VIEW | | | | |
| <input type="checkbox"/> Single occupancy | € 160,00 | € _____ | _____ | € _____ |
| <input type="checkbox"/> Double occupancy | € 200,00 | | | |
| Booking fee | | | | € 25,00 |
| TOTAL | | | | € _____ |

Type of room requested

Date of arrival _____ April 2014

Date of departure _____ April 2014

Arrival after 18.00 hrs ☐ yes ☐ no

☐ Smoking room ☐ Non-smoking room

SUMMARY

I herewith enclose the following amounts:

Registration Fee € _____

Hotel Reservation (including € 25,00 booking fee) € _____

TOTAL TO BE PAID € _____

TERMS OF PAYMENT:

Please charge the following credit card: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

Card no. _____ Expiry date _____

Security code (last 4 digits on the front of the card, AMERICAN EXPRESS only) _____

Security code (last 3 digits on the back of the card, VISA and MASTERCARD only) _____

Cardholder's name _____

Payment by bank transfer:

Account name: OIC srl

Bank: Cassa di Risparmio di Firenze, Ag. 1, Viale Matteotti 20r, 50132 Florence, Italy

IBAN: IT39 S061 6002 8010 0001 0628 C00 SWIFT: CRFIIT3F

No charges to the recipient. The participant's and sender's names must be clearly indicated on the transfer order as well as the payment purposes. The copy of the payment advice must be sent together with the registration form.

ATTENTION: Registrations and hotel rooms booking can be considered valid only after having received the payment. Forms without proof of payment will not be processed.

DECLARATION - Your signature is mandatory in order to process your registration! According to the art. 13 D. Lgs. 196/2003, OIC srl are authorised to use my personal data for purposes connected to Congress management. I also confirm that I have understood the cancellation, payment and refund policy for individual registration as well as the hotel reservation terms and conditions specified in the announcement.

Date

Signature
