



# 2015 TECHNOLOGIES IN ENDOVASCULAR AORTIC REPAIR

Bologna (Italy)  
3-4 December 2015

Royal Hotel Carlton

## ACCOMMODATION FORM

Name		Surname	
Title		Address	
City	Zip	Country	
Phone nr.	Mobile	Fax nr.	
E-mail		Fiscal Code (Italians only)	

### DETAILS FOR INVOICE (ESSENTIAL)

Name of individual or organization
VAT ID Number/National Insurance Number
Address Postal Code City

### ACCOMMODATION FEE (VAT 22% included)

☐ Double room for single use - 1 night  
at the congress venue ..... € 183,00

Check-in Date: .....

Check-out Date: .....

Accommodation: ☐ Single Room ☐ Double Room

Accompanied Person: ☐ Yes ☐ No

Name and Surname: .....

### PAYMENT METHOD

Payment will be made by Bank Transfer to FC EVENTI srl  
BANK: Banca Popolare di Milano - Agenzia 208 Bologna  
ADDRESS: Via Guerrazzi 32 - 40125 Bologna, Italy  
IBAN: IT58G0558402409000000000077  
BBAN: G0558402409000000000077  
SWIFT: BPMIITM1208  
Bank charges are the responsibility of the payee.

The accommodation form should be sent  
with copy of the bank receipt to:

**FC EVENTI Srl**

Vicolo Posterla, 20/2A - 40125 Bologna

Phone +39 (0)51 236895 - Fax +39 (0)51 2916933

E-mail: [info@fc-eventi.com](mailto:info@fc-eventi.com)