



EUROPEAN HIP SOCIETY

11th Congress
Stockholm, Sweden
9-11 October 2014



REGISTRATION FORM

Please return this form to the Congress Organising Secretariat

OIC srl – Professional Congress Organiser

Viale Matteotti 7, 50121 Florence, Italy – **by 30th September 2014**

Phone +39 (055) 50351, fax +39 (055) 5035230, e-mail registration@EHS2014.org

MAIN PERSONAL INFORMATION

Please complete this form for ONE participant in block letters.

☐ Prof. ☐ Dr. ☐ Mr. ☐ Mrs.

☐ male ☐ female

Last name _____ First name _____

Institution _____ Unit, suite, floor _____

CONTACT INFORMATION

Postal Address _____

Postal code _____ City _____

Country _____ E-mail (**mandatory**) _____

Telephone _____ Telefax _____

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

Date, City and Country of birth (**mandatory**) _____

INVOICING ADDRESS (if different from personal information): _____

(address, zip code, city, country)

Fiscal / VAT code (MANDATORY FOR COMPANIES) _____

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 **30 September, 2014**. After this date, please register on site. The registration fee will be adjusted according to the current VAT charge alignment.

REGISTRATION FEES (VAT included)	EARLY REGISTRATION By 30 May 2014	LATE REGISTRATION After 30 May 2014 to 30 September 2014 And on site
Member <i>The reduced fee will apply only to members in good standing for 2014</i>	€ 450,00	€ 490,00
Non Member	€ 520,00	€ 570,00
Resident in Training <i>Copy of course certificate or chief letter is necessary</i>	€ 300,00	€ 350,00
Exhibitor	€ 100,00	€ 100,00
Industry – non exhibiting	€ 350,00	€ 400,00
Accompanying person <input type="checkbox"/> I will join the half-day tour <input type="checkbox"/> I will not join the half-day tour	€ 150,00	€ 180,00
Name _____		
TOTAL € _____		

SOCIAL PROGRAM

Please note: the Social Dinner venue will be communicated in due time, tickets are assigned first-come first-served.

SOCIAL DINNER	Price per person	No.	Total
Friday, 10 October 2014, 20.00 ca	€ 110,00	_____	€ _____

**EUROPEAN HIP SOCIETY**

11th Congress
Stockholm, Sweden
9-11 October 2014



Please repeat your Surname _____ Name _____

HOTEL RESERVATION

Room reservations can only be processed once the deposit inclusive of booking fee has been received. Balance is required by **9th August 2014**. For requests of reservations received from 10th August 2014, the full prepayment inclusive of € 25,00 of booking fee is required.

Prices in euro, including breakfast and VAT

Hotel	Room	price x night	Nights	Deposit € 25,00 incl.	Total From 10 August 2014
RADISSON BLU WATERFRONT <i>(Congress Venue)</i>	<input type="checkbox"/> Double for single use	€ 250,00	_____	€ 300,00	€ _____
	<input type="checkbox"/> Double	€ 275,00			
NORDIC SEA <i>350 m – 4 min walk from Congress Venue</i>	<input type="checkbox"/> Double for single use	€ 210,00	_____	€ 300,00	€ _____
	<input type="checkbox"/> Double	€ 250,00			
ADLON HOTEL <i>500 m – 7 min walk from Congress Venue</i>	<input type="checkbox"/> Double for single use	€ 210,00	_____	€ 250,00	€ _____
	<input type="checkbox"/> Double	€ 210,00			
COMFORT STOCKHOLM <i>500 m – 7 min walk from Congress Venue</i>	<input type="checkbox"/> Double for single use	€ 170,00	_____	€ 250,00	€ _____
	<input type="checkbox"/> Double	€ 195,00			
Booking fee					€ 25,00

Date of arrival _____ October 2014

Date of departure _____ October 2014

☐ Smoking room ☐ Non-smoking room

Arrival after 18.00 hrs ☐ yes ☐ no

SUMMARY - I herewith enclose the following amounts:

Registration Fee € _____

Social Dinner € _____

Hotel Accommodation (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 _____

I hereby authorise the use of my credit card for the purposes specified above and, in case of hotel reservation, to charge the remaining balance by 9th August 2014.

Date _____

Signature _____

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.

A copy of the bank transaction has to be sent together with the registration form to OIC Srl by fax or e-mail.

The sender's full name and address must be clearly stated in the transfer order as well as the payment purposes.

ATTENTION!: Bookings can be considered valid only upon 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 and OIC WAY 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 _____