



13th INTERNATIONAL MEETING OF COLOPROCTOLOGY
Turin (ITALY), March 24-25-26, 2013

REGISTRATION FORM

Please fill in this form with block letters and return the form together with your payment to:
SELENE Srl – Via G. Medici 23 -10143 TORINO (ITALY)
Ph. +39/011/7499601 Fax +39/011/7499576 E-mail:colorectal@seleneweb.com

Title Dr. Prof. Mr./Mrs.

Surname _____

Name _____

Fiscal Code -----

Mailing address _____

Town _____ ZIP Code _____

Country _____

Mobile Ph. _____ Fax _____

E-mail _____

Institute/Hospital _____

Bill to: _____

Address _____

Vat Number or Fiscal code _____

REGISTRATION FEES (VAT 22% included)

Before February 21, 2014

After February 21, 2014

<input type="checkbox"/> Delegates	€ 330,00	€ 380,00
<input type="checkbox"/> SICCR Members	€ 280,00	€ 330,00
<input type="checkbox"/> Daily Registration	€ 150,00	€ 180,00
<input type="checkbox"/> SICCR Members Daily Registration	€ 122,00	€ 150,00
<input type="checkbox"/> Trainee (proof required)*	€ 200,00	€ 250,00
<input type="checkbox"/> Gala dinner (March 24)	€ 73,20	€ 73,20

* **Trainee Registration:** applicants should provide an official letter from the head of their Department, University or Institutions

HOTEL ACCOMODATION BOOKING AND PAYMENT

Hotel selected _____

Room single double used as single double

Date of arrival Date of departure

HOTELS	SGL	DUS	DOUBLE
GRAND HOTEL SITEA****			
- Standard		€ 155,00	€ 170,00
- Deluxe		€ 170,00	€ 185,00
ATAHOTEL CONCORD****		€ 109,00	€ 119,00
STARHOTEL MAJESTIC****			
- Classic	€ 109,00	€ 119,00	€ 139,00
HOTEL ALPI RESORT***	€ 65,00	€ 78,00	€ 88,00
HOTEL AMADEUS***	€ 95,00	€ 120,00	€ 140,00
BW HOTEL GENIO***	€ 110,00	€ 125,00	€ 150,00

Rates quoted are per room per night and include breakfast and VAT at 10%. **City tax is not included.** Please note that it varies according to hotel category:

Hotel category	City tax (per person per night)
3 stars	€ 2.30
4 stars	€ 3.20

A cautionary deposit equivalent to one night's stay at the Hotel selected is requested by Bank transfer or Credit Card data (as a guarantee)

- Conference Registration fee € _____
 - Gala Dinner € _____
 - Hotel Cautionary deposit € _____
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- TOTAL PAYMENT** € _____

PAYMENT PROCEDURE

- I enclose bank cheque **in €** made out to SELENE S.R.L.
- I enclose receipt of bank transfer **in €** to Account n. 100000062675 in the name of SELENE S.R.L. at Intesa SanPaolo Bank
IBAN IT02 N 03069 01048 100000062675 BIC BCITITMM
- Credit Card Visa Mastercard

Card Number _____

Expiry date _____ CVV _____

Cardholder's name _____

Cardholder's signature for authorization _____