

**XIV COURSE ULTRASONOGRAFIC IMAGING OF  
PELVIC FLOOR DISORDERS**

TREVISO – (Italy) – NOVEMBER 17<sup>th</sup> –19<sup>th</sup>, 2010

**REGISTRATION FORM**

**Please send this form by October 28<sup>th</sup>, 2009 - via fax or e-mail to:**  
**Key Congress & Communication**, Via Makallè, 75 – 35138 Padova (I)  
Tel.+39 049 8729511 - Fax +39 049 8729512 - E-mail: [iscrizioni@keycongress.com](mailto:iscrizioni@keycongress.com)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City and ZIP \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Only for Italian delegates

Fiscal Code \_\_\_\_\_

Address of residence \_\_\_\_\_

\_\_\_\_\_

## REGISTRATION FEES

**XIV Course** € 600,00 + VAT 20% **Total € 720,00**

Registration fee includes: participation to the scientific sessions, course kit, coffee breaks and lunches, Course's Dinner, certificate of attendance

### CANCELLATION

Participants who are unable to attend the XIII Course must notify in writing to the Organizing secretariat by October 28<sup>th</sup>, 2010.

A refund, less € 100,00 administrative fee, will be returned once notification in writing is received.

No refunds will be given after October 28<sup>th</sup>, 2010

### METHOD OF PAYMENT

**By Credit card**

VISA  MasterCard

Credit Card Number .....

Card's Holder Name .....

Expiration Date \_\_\_\_/\_\_\_\_

Security code: \_\_\_\_\_

**By bank transfer**

Bank transfer made payable to:

KEY CONGRESS & COMMUNICATION SRL – Padova

CASSA DI RISPARMIO DEL VENETO, ag. 20, PADOVA

IBAN: IT 89 A 06225 12150 07400337803W

Please indicate in ref: XIV COURSE (name)..... (surname).....

Please fax copy of your bank transfer together with your registration form

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Date.....Signature .....