12th INTERNATIONAL MEETING OF COLOPROCTOLOGY
Turin (ITALY), March 12-13-14, 2012

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 --
(for Italian participants)

Mailing address _____

Town _____ ZIP Code _____

Country _____

Mobile Ph. _____ Fax _____

E-mail _____

Institute/Hospital _____

Bill to: _____

Address _____

Vat Number or Fiscal code (only for Italian Participants)

_____

REGISTRATION FEES (VAT 21% included)

	Before January 30, 2012	After January 30, 2012
☐ Delegates	€ 360,00	€ 420,00
☐ SICCR Members	€ 300,00	€ 360,00
☐ Daily Registration	€ 150,00	€ 180,00
☐ SICCR Members Daily Registration	€ 121,00	€ 150,00
☐ Trainee (proof required)*	€ 200,00	€ 250,00
☐ Gala dinner (March 13)	€ 75,00	€ 75,00

* 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 ☐ double used as single ☐ double

Date of arrival ……………………….. Date of departure ……………………………….

HOTELS	DUS	DOUBLE
NH LINGOTTO****	€ 175,00	€ 195,00
STARHOTEL MAJESTIC****	€ 139,00	€ 169,00
ATAHOTEL CONCORD****	€ 138,00	€ 169,00
HOTEL ROMA ROCCA CAVOUR***	€ 117,00	€136,00
BW HOTEL GENOVA***	€ 110,00	€ 140,00
BW HOTEL GENIO***	€ 110,00	€ 130,00

Rates quoted are per room per night and include breakfast and VAT at 10%

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 _____

  Cardholder's name _____

  Cardholder's signature for authorization _____