

XIX INTERNATIONAL COURSE-ULTRASONOGRAPHIC IMAGING OF PELVIC FLOOR DISORDERS NOVEMBER 23th – 25th 2016

Pelvic Floor Unit, I Department of Surgery, Regional Hospital "Cà Foncello", Treviso - ITALY

REGISTRATION FORM

Please type in BLOCK LETTERS and Fax or EMAIL with a copy of your receipt of payment to:





PERSONAL DATA Fiscal code (only for Italian participants) VAT num	ber						
Family Name First Name	<u> </u>						
Title Prof. Dott.							
Email address @ L L L Mobile pl	none						
OFFICE ADDRESS							
Institute							
Position Departm	nent						
Nr. Street							
Area code City	Country						
Telephone (office hours): Country code/city code/number Fax							
INVOICE ADDRESS (if different from the above)							
Institute							
VAT number							
Nr. Street							
Area code City	Country						
The undersigned certifies, on his/her own responsability, that the abovementioned information is true tax liability in the event of incorrect information being provided.	and corresponds to actual fact, exempting the congress organizer from any						
Registration fees							
Delegate	€ 854,00 (VAT included)						

Only for Italian Delegates: in case of payment by Public Body (VAT exempt under DPR N°633/72 and following changes), the invoice of the registration will have to be authorized by the same Public Body. The Registration form must be sent with a copy of the authorization document by Public Body and the details of invoice to the same. The Registration Fee will VAT EXEMPT.

Registration fee includes: Partecipation to all scientific sessions; Congress kit; Certificate of Attendance; Coffee breaks and lunches; Course's Dinner.

METHOD OF PAYMENT						
OPTION 1 - Credit Card	☐ Visa	☐ Master Ca	rd			
Card Number			Expiry Date (month/year)			
					Signature	
OPTION 2 - Bank Transfer Bank transfer payable to: BIC Ref.:	IBAN COD SWIFT B.P.	C.V.I.T.2.S.	ALTELLINESE 16 12100 0000000 ate the name of th			Please send copy of your bank transfer together with your registration form. Bank transfer will not allowed after September 1st, 2016
CANCELLATION POLICY - Notification of cancellation n Cancellations will be accepte No refunds will be made f	nust be sent in d until Noveml	writing to the O per 1st, 2016 with	h a refund of all pre		a 30% administration o	charge.
TOTAL AMOUNT TO BE PA	AID	Registration	fee €		_ #	
		Total to be p	aid €	, -	_ #	
Are you sponsored by a C		Yes No				by means of sponsorship.
intermediaries, as well as su has been collected. The prov Decree n° 196 of 30 June 20 selling or else for the perforn	ontroller and/c tion to the eve unications to cl opliers and cor sision of your pe 103 you have th nance of marke	or processor, info nt. Key Congress lients, data proce npanies participa ersonal data is vo ne right to object et or commercial	orms you that any poss S.r.I., as data contressing and compute ating in the event voluntary, but refusal the processing of communication su	vith promotional fund will prevent your par your personal data fo rvevs.	ctions compatible with ticipation to the event. It is the purposes of send	ed by third parties, will be used in associates to carry out any of the unicated to financial and banking the purposes for which the data Under section 7 of the Legislative ing advertising materials or direct formation please go the web site
☐ I authorize the treatment and communication of my personal data as described above. ☐ I don't authorize the treatment and communication of my personal data as described above.						
☐ I don t authorize the trea	unent and com	imunication of n	ny personal data as	described above.		

Late

Signature