

REGISTRATION FORM

2nd Meeting on sentinel lymph node in cervical and endometrial cancer: Update and new frontiers.

ATTENDEE INFORMATION (please type or print clearly all fields)

First Name _____

Family name _____

Address _____

Postal Code and City _____

Country _____

VAT code or Fiscal code _____

Telephone _____

Fax _____

e-mail address _____

REGISTRATION FEE	by March 20th	from March 20th
<input type="checkbox"/> REGISTRATION FEE	€ 450,00 + VAT	€ 500,00 + VAT
<input type="checkbox"/> REGISTRATION RESIDENTS*	€ 80,00 + VAT	€ 100,00 + VAT

The registration fee includes: access to the scientific sessions, coffee breaks, lunches, social dinner (May, 25th)

*Proof of status is required. A proof of status is an official letter written in English or Italian by the head of the School or Hospital department on official letterhead.

Please send it by e-mail to elenadondi@emiliaviaggi.it with personal data and invoice information.

CANCELLATION FEES:

Cancellations must be submitted in writing. All cancellations are subject to a EUR 50,00 of non-refundable processing fee. Cancellation received prior to March 20th, 2017, to be eligible for a 50% refund. No refunds after that deadline.

PAYMENT

Bank transfer to Emilia Viaggi Congressi & Meeting

Banco S. Geminiano e S. Prospero

IBAN IT 47 Y 05034 36671 000000002021

SWIFT CODE BAPPIT21U25

Reason for payment: your surname/Sentinel Lymph node Meeting

OR

I authorize Emilia Viaggi to charge my Credit Card the amount for the registration fee +1,8% transaction fees as follows:

Credit Card number (VISA or MASTERCARD) _____

Expiry date _____ CVV _____

NAME (as on the card) _____

In conformity to the italian privacy law (D.L.G.S. 196/03)

Date _____

Signature _____

Please return this form filled to:

Emilia Viaggi Congressi & Meeting S.r.l. - Via Porrettana, 76 - 40033 Casalecchio di Reno (BO)

Ph. +39 051 6194911 - fax +39 051 6194900 - e-mail: elenadondi@emiliaviaggi.it