REGISTRATION FORM

To be completed in block letter and sent with payment to My Meeting S.r.l.
info@mymeetingsrl.com
The course has a limited enrolment: 14 attendees + 7 observers
Registration will be handle accordingly with the first-come, first served system.
Deadline for registration September 8th, 2017

PROFESSIONAL ADDRESS

Surname_____ Name_____
Hospital/Institution_____
Department_____ Role_____
Address_____
Zip Code_____ City_____
Country_____ State_____
Ph. _____ Fax_____
E-mail_____ Mobile_____

PRIVATE ADDRESS

Private address_____
Zip Code_____ City_____
Country_____ State_____

COMPULSORY FOR ALL PARTICIPANTS

Invoice made out to:_____
Address_____ Zip code, City, Country_____
TAX n° _____ VAT n° _____
e-mail to send the invoice_____

RISERVATO ALLE ASL E AZIENDE OSPEDALIERE

In caso di richiesta di emissione fattura nei confronti di enti esenti IVA (A.S.L./A.O.) il partecipante dovrà farne richiesta al momento dell'invio della scheda di iscrizione. La A.S.L./A.O. è tenuta a inviare a My Meeting l'autorizzazione nominativa del partecipante al corso e tutti i dati necessari all'emissione della fattura elettronica **(codice univoco)**; Il pagamento della quota esente IVA dovrà essere effettuato vista fattura.

REGISTRATION FEE: Attendee, Resident and Fellows° ❑ € **1.500,00** VAT included
Observer ❑ € **500,00** VAT included
°Proof must be provided by the Director of the Program

SUMMARY OF PAYMENT: REGISTRATION FEE €_____
TOTAL PAYMENT: € _____

▪ ***HOW TO PAY***

❑ **Credit card** total amount € _____ ❑ VISA ❑ EUROCARD ❑ MASTERCARD

Card Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiry date _ _ /_ _ Security Code _ _ _ (3 digits on the back of the card) Holder's name _____ Signature_____

❑ **Bank Transfer**, made to the order of the following account: in favour of **My Meeting S.r.l.** - Description "L14 Cervical Spine Hands-on + name and surname"
Bank CARISBO Cassa di Risparmio in Bologna Filiale San Lazzaro (BO) via Jussi 1 – Account n° IBAN: IT 13 Y 06385 37070 100000006418 - SWIFT-BIC Code: IBSPIT2B.

With reference to the information on private data provided in the "General Information" section of the Meeting Program. I hereby give my consent to the processing of my personal data, according to Legislative Decree no. 196/2003.

Date_____ Signature_____