

REGISTRATION FORM

To be completed in block letter and sent with payment to My Meeting S.r.l.

info@mymeetingsrl.com fax +39 051 795270

Deadline for registration April 6th, 2018

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:

Regular

€ **250,00** VAT included

Junior under 40*

€ **120,00** VAT included

Fellows and Students°

free

*A copy of a document must be attached

°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 "M1 International Workshop + 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 _____