3rd MEETING AT THE UNIVERSITY OF BRESCIA

Skeletal Endocrinology

Brescia, March 27th 2009

Registration Form

Please, complete this form using capital letters and send it to:

EUROCONVENTIONS
Via Santa Franca 60, 29100 Piacenza, Italy
Tel. +39-(0)523-335732 - fax: +39-(0)523-334997
Within March 7th 2009
E-mail: amministrazione@euroconventions.it

This form is also available on the web site: www.skeletal-endocrinology.org

Surname ..... Name .....

Address .....

Zip code ..... City ..... Country .....

Phone ..... Fax ..... E-mail .....

(Only for italian CME) Place of Birth ..... Date of Birth.....

P. IVA o CF .....

(FOR ITALIAN PARTICIPANTS ONLY)
for "UNDER 35" delegate registrations. a copy of ID document is required

REGISTRATION FEES (VAT INCLUDED)

Registration Fees	After January 1st and before March 7th, 2009	After March 7th, 2009
Delegate	€ 200,00	€ 250,00
Delegate under 35	FREE	FREE
Acc. Persons	€ 70,00	€ 70,00

I ENCLOSE: Registration fee € .....

TOTAL € .....

Delegate Reg. fee includes: certificate of attendance,admission to the scientific sessions and the exhibition area, conference kit & badge; Italian/European CME credits, n. 1 coffee break; n. 1 lunch.
Acc. persons fee includes: badge; n. 1 lunch; city map and information material of Brescia.

METHOD OF PAYMENT

The participant's name must be clearly stated on the bank transfer, cheque or money order, otherwise the Organizing Secretariat will be unable to trace and acknowledge the payment. All payments must be processed in € as follows:

❑ Credit card (please write all requested details in capital letters clearly):

CREDIT CARDS ACCEPTED
Visa ❑ Mastercard ❑ Eurocard ❑ Carta Sì ❑
Card nr. I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I
Expiration date: (MM/YY) _ _ / _ _
Card holder's name ..... holder's birth date .....
Holder's address .....

❑ **BY BANK TRANSFER in Euro**

FOR DOMESTIC BANK TRANSFER
Holder's account EUROCONVENTIONS
Bank CARISBO
Bank details Branch - Corso Vittorio Emanuele II - Piacenza
IBAN: IT 92 F063 8512 6031 0000 0006 524

FOR INTERNATIONAL BANK TRANSFER
Holder's account EUROCONVENTIONS
Bank CARISBO
Bank details Branch - Corso Vittorio Emanuele II - Piacenza
IBAN: IT92F0638512603100000006524
BIC: IBSP IT 2B

PAYMENT PURPOSE: REGISTRATION - SKELETAL 2009

A copy of the bank transaction has to be sent together with the registration to EUROCONVENTIONS by fax/ e-mail. The sender's full name, address and payment purpose must be clearly stated in the transfer order.

❑ Bank cheque payable to EUROCONVENTIONS, Via Santa Franca 60, 29100 Piacenza, Italy

According to art. D.lgs 196/03 EUROCONVENTIONS is authorized to use my personal data for purposes connected to the congress management. I also state to have understood and accepted the Cancellation, Payment and Refund Policy for individual registration and hotel reservation terms and conditions specified in the general information of the programme.