

MEETING ANNUALE SEZIONE CHIRURGIA SPINALE



2nd edition

**LOOKING AT THE FUTURE OF SPINE SURGERY
BASED ON PAST EXPERIENCE**

Florence • Italy • November 4th - 6th, 2015

Presidents

Franco Guida (Mestre, VE)
Giancarlo Guizzardi (Firenze)

Honorary Presidents

Alberto Delitala (Roma)
Vincenzo Denaro (Roma)

Special Guest

Francesco Tomasello (Messina)



REGISTRATION FORM

To be completed in block letter and sent with payment



My Meeting S.r.l. - Via I° Maggio 33/35 - 40064 Ozzano dell'Emilia (BO)
Tel. +39 051 796971 - Fax +39 051 795270 - info@mymeetingsrl.com

Deadline for registration October 28th, 2015
After this date registration is possible only at Meeting Venue

Family Name

First name

PROFESSIONAL ADDRESS

Hospital/Institution

Department Role

Address

Zip Code City

Country State

Ph. Fax

e-mail Mobile

PRIVATE ADDRESS

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:

RISERVATO ALLE ASL E AZIENDE OSPEDALIERE

Richiesta di esenzione IVA (art. 10 comma 20 D.P.R. 633/72)

Per poter usufruire della quota di iscrizione esente IVA è necessario barrare la casella sottostante e apporre il timbro dell'azienda a cui deve essere intestata la fattura.

La scheda priva di timbro non sarà ritenuta valida ai fini dell'esenzione dell'IVA.

timbro dell'Ente che fa richiesta di esenzione IVA:

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

REGISTRATION FEES (VAT included)

	early bird fee (20% discount till September 30 th)	from October 1 st
Regular	<input type="checkbox"/> € 200,00	<input type="checkbox"/> € 250,00
Residents and Trainees^o	<input type="checkbox"/> € 120,00	<input type="checkbox"/> € 150,00
Company Staff*	<input type="checkbox"/> € 120,00	
Accompanying person	<input type="checkbox"/> € 100,00	

^oProof must be provided by the Director of Program
*In addition to those included in the sponsorship agreement

The Regular and Residents and Trainees registration fee includes:

- Attendance to all Scientific Sessions
- Entrance to the exhibition area
- Attendance Certificate
- Badge and Meeting Kit
- Food & Beverage provided by program

The Company Staff registration fee includes:

- Entrance to the exhibition area
- Food & Beverage provided by program

The Accompanying Person registration fee includes:

- Difference between single and double room
- Welcome Reception
- Networking Dinner

SUMMARY OF PAYMENT

I. REGISTRATION FEE €

TOTAL PAYMENT €

HOW TO PAY

Credit Card



Card Number

.....

Expiry date

..... /

Security code

..... (3 digits on the back of the card)

Holder's name

.....

Total amount €

Signature

Bank Transfer made to the order of the following account

In favour of: **My Meeting Srl**
Description: Annual Meeting SINch Spine Section – cod. H4
Bank: CARISBO Cassa di Risparmio in Bologna
Address: Via Jussi I
San Lazzaro di Savena (BO), Italy
Account N°: IBAN: IT13 Y063 8537 0701 00000006 418
SWIFT-BIC Code: IBSPIT2B

A copy of bank transfer must enclose your Registration Form.