THE BRAIN AND GLIOMAS

WHEN THE CONNECTIONS ARE CRUCIAL

September 24th – 26th, 2015

Presidents
Marco Maria Fontanella
Giannantonio Spena

REGISTRATION FORM

To be completed in block letter and sent with payment receipt to:

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 September 18th, 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 allegare i dati necessari all'emissione della fattura elettronica (codice univoco).

☐ **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)
Regular	☐ € 150,00
EANS Members	☐ € 125,00
Residents and Trainees° **Accompaying person** **Company Staff***	☐ € 100,00

° Proof 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
- Attendance Certificate
- Food & Beverage provided by program
- Entrance to the exhibition area
- Badge and Meeting Kit

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 aperitif
- Faculty dinner buffet

SUMMARY OF PAYMENT

1. REGISTRATION FEE € .....

TOTAL PAYMENT € .....

HOW TO PAY

☐ **Credit Card** ☐ VISA ☐ EUROCARD MasterCard ☐ MasterCard

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: THE BRAIN AND GLIOMAS – cod. H8
Bank: CARISBO Cassa di Risparmio in Bologna
Address: Via Jussi 1
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.