

"Nursing Round" is a nursing procedure that involves all the clinical activities performed on the patient.

**SPINAL SURGERY PATIENTS:  
TEAMWORK TO PREVENT ERRORS**  
Friday 8<sup>th</sup> - Saturday 9<sup>th</sup>, April 2016  
Istituto Ortopedico Rizzoli  
Bologna - Italy



**REGISTRATION FORM**

To be completed in block letter and sent  
with payment to  
**My Meeting S.r.l.** - Via I Maggio 33/35  
40064 Ozzano dell'Emilia (BO)  
Tel. 051 796971 - Fax 051 795270  
e-mail info@mymeetingsrl.com  
**Deadline for registration April 1<sup>st</sup>, 2016**

**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**

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:** \_\_\_\_\_

**REGISTRATION FEE:**  € 150,00 VAT included

**INDICATE YOUR PROFESSIONAL CATEGORY:**

- SURGEON**
- NURSE**
- PHYSIOTHERAPIST**
- RADIOLOGY TECHNICIAN**
- NEUROLOGY TECHNICIAN**

**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 "I9 Nursing Round Course 2016 + 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 \_\_\_\_\_