



SIACCO 2° INTERNATIONAL SYMPOSIUM ON ADVANCES IN SPINE SURGERY

Domina Home Zagarella – Palermo, Italy

June 6th – 8th, 2012

Presidents
Armando Basso, Argentina - Francesco Tomasello, Italy
Organizing Committee
Natale Francaviglio - Giancarlo Guizzardi, Italy



REGISTRATION AND HOTEL RESERVATION 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 May 30th, 2012
After this date registration is possible only at Meeting Venue

Family Name

First name

Hospital/Institution

Department Role.....

Address

Zip Code City

Country State.....

Ph. Fax.....

e-mail Mobile.....

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:

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:

REGISTRATION FEES

	(VAT included)	(VAT excluded)
Regular	<input type="checkbox"/> € 250,00	<input type="checkbox"/> € 206,61*
Residents and Trainees°	<input type="checkbox"/> € 100,00	<input type="checkbox"/> € 82,65*

* Proof must be provided by the Director of Program

HOTEL RESERVATION

DOMINA HOME ZAGARELLA

Via Nazionale, 77 - 90017 Santa Flavia, Palermo - Italy - Ph. +39 091 903077

	(VAT included)	(VAT excluded)
Double room single use	<input type="checkbox"/> € 122,00	<input type="checkbox"/> € 110,90*
Double room	<input type="checkbox"/> € 122,00	<input type="checkbox"/> € 110,90*

The price are per night, per room, B&B accommodation, all taxes included.

Arrival date Departure date N° of night

SUMMARY OF PAYMENT:

1. REGISTRATION FEE	€
2. HOTEL RESERVATION	€
3. HANDLING FEE	€ 20,00 (16,53 VAT excluded*)
TOTAL PAYMENT	€

*Only for foreign Participant and Company with VAT number

HOW TO PAY:

Credit Card

VISA EUROCARD 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: 2° INTERNATIONAL SYMPOSIUM
SIACCO – cod. E10

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: IBSPTT2B

A copy of bank transfer must enclose your Registration Form.

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.....