

REGISTRATION FORM

FOURTH ITALIAN GREAT NETWORK CONGRESS

Please fill in the form and send it to the Organizing Secretariat:
C&S Congressi S.r.l., Fax +39 06 93387620, E-mail: registrations@greatnetwork.org
The registration to the Meeting includes the registration to the GREAT Network

REGISTRATION DATA

Last Name _____
First Name _____ Title _____
Address _____ ZIP code _____
Town _____ Country _____ Telephone _____
Fax _____ E - mail _____
Role _____
Hospital/Institution _____

INVOICE DATA

Last and first name and/or Company name _____
TAX CODE (C.F.) _____ VAT CODE (P.IVA) _____
Address _____
Zip Code _____ Town _____ Country _____

REGISTRATION AND PAYMENT

The CONGRESS registration fee is € 200 for the whole Congress, or € 65 for each single day.
For fellows and students the fee is € 100, or € 35 for each single day.
All the registration fees are VAT included.

PLEASE TICK ON ONE OR MORE CHOSEN OPTIONS :

I register as Doctor or nurse Fellow or student
I register for The whole Congress (14-18/10)
or 14-15/10 Aula Parisi 15/10 Aula Parlato 16/10 17/10 18/10

The payment, to be sent with this filled in form, can be made through the following methods:

- Check made out to C&S Congressi S.r.l.
- Bank transfer made out to C&S Congressi S.r.l. Banca Sella Ag. 79 di Roma - P.zza Poli 38-41 00187 Roma, IBAN: IT29 E 03268 03200 052853099580 BIC (Swift code): SELBIT2BXXX, Check Digit: IT 29 CIN: E ABI: 03268 CAB: 03200, C/c n. 052853099580, writing the name of the congress as reason for payment
- Credit card (Visa, Mastercard, American Express)

Card Number _____ Expiry date _____ Security code _____
Card holder _____ Date of birth _____
Amount _____ Signature _____

According to Italian Privacy Law (D. Lgs 196/2003), I authorize my data to be treated for the participation to this Meeting and to send me future announcements and communications on other congresses.

Date _____ Signature _____

