

## REGISTRATION FORM

The meeting is reserved to a limited number of participants.

Registration fee are **€ 250,00** or **€140,00 (ONLY FOR TRAINEES)** tax free

To register, please send:

- registration form duly filled out (also when sponsored by a Pharmaceutical Company)
- privacy statement and consent for the use of personal datas (as in the back of the form)
- payment of the registration fee to Accademia Nazionale di Medicina – Via Martin Piaggio 17/6

16122 Genova, within **16<sup>th</sup> February 2018**

Online registration is possible on the Website [www.accmed.org](http://www.accmed.org)

A copy of the payment or credit card details should be sent by fax (0039 010 83794260) before the beginning of the course.

By submitting the form and the payment, your registration is completed with the exception of specific decisions of the Meeting Secretariat. Incomplete registration will not be admitted.

### RENOUNCE/CANCELLATION

- If the minimum number of participants is not reached, Accademia will notify you with a written communication and proceed with the refund of the registration fee.
- In case of renounce, please notify with a written communication to Accademia Nazionale di Medicina within ten days from the beginning of the **COURSE**.
- The registration fee will be refunded minus a charge of 30%. Any cancellation after the deadline will not be reimbursed.

## PAYMENT

### PAYMENT:

**In order to confirm your registration (fee: €.....) please complete the payment choosing between the following types of payment (bank transfer or credit card):**

bank transfer addressed to: ACCADEMIA NAZIONALE DI MEDICINA, BANCO POPOLARE, IBAN: IT11M050340140500000000966 SWIFT(BIC) CODE: BAPPIT22 (indicate: "Registration of Dr. ... at Course ....) **sending a copy by fax (+39 01083794260)**. All transfer charges have to be paid by senders.

Credit card    MasterCard     Visa     EuroCard

Name as printed on the card .....

CVV2.....

Card n. (16 numbers)

.....

Expiration date ...../.....

Signature .....

## REGISTRATION FORM

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Please fill out clearly:

**First and last name**.....

**Place and date of birth** .....

**Profession** (i.e. physician, biologist, laboratory technician, etc).....

**Specialization** .....

Position title.....

Institution.....

Division/Department .....

Institution Address .....

Zip code ..... City ..... State.....

Phone number ..... Fax number .....

**E-mail address** .....

**Home Address** .....

Zip code ..... City ..... State.....

Home Phone ..... Mobile .....

Invoice heading .....

VAT NUMBER.....

Address.....

Zip code ..... City ..... State.....

All fields in bold type are compulsory to receive ECM credits (only for Italian participants)

Signature .....