

REGISTRATION FORM MEETING IPA 2018 - Hotel Parchi del Garda, 14-15 September 2018

Please fill in this form and send it to piezosurgery@mvcongressi.it or by fax to +39 0521 291314
within July, 20th

Title _____ Surname _____ Name _____

Birth date _____ City _____ (_____)

FISCAL CODE (For Italian members) _____

Address _____ ZIP Code _____

City _____ State _____

Vat no. _____ Tel. _____

Cell _____ Fax _____

email _____

REGISTRATION	WITHIN 20/07/2017
<input type="checkbox"/> IPA ACTIVE MEMBER	<input type="checkbox"/> Meeting free – contribution for catering € 50,00 <input type="checkbox"/> Formal dinner included for IPA active members - Friday 14/09 at “Hotel Parchi del Garda”
<input type="checkbox"/> IPA ORDINARY MEMBER	<input type="checkbox"/> Meeting free – contribution for catering € 50,00 <input type="checkbox"/> Formal dinner extra for IPA members - Friday 14/09 at “Hotel Parchi del Garda” € 40,00
<input type="checkbox"/> IPA NON MEMBER	<input type="checkbox"/> Meeting, including contribution for catering € 200,00

REGISTRATION FEE INCLUDES

Meeting registration: access to all scientific sessions as per program scheduled, 2 coffee break and one lunch

NOT INCLUDED:

- Transport for extra dinner on Friday
- Hotel (please see hotel booking form attached)
- Everything not specified in the “Registration fee includes paragraph”.

I Send total Euros _____

Bank Transfer (send together with this form) payable to: MV Congressi SPA

Bank: CREDITE AGRICOLE - agency. 1 di Parma

IBAN: **IT44F0623012701000082117331**

Credit Card

<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard (other credit cards are not allowed)																				
CARD HOLDER: _____																					
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Valid until end ____/____																					
CVV code (last 3 numbers on the back of your card) _____																					
I Authorize the withdraw of € _____ for the Congress in Lazise																					
Date _____	Signature _____																				

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