

1st ESSKA - ESA Biennial Meeting

Rome, NH Hotel Vittorio Veneto
2-3 October 2015

Chairmen: Giuseppe Milano e Andrea Grasso



REGISTRATION FORM

Please return this form to the Congress Organizing Secretariat
OIC srl – Professional Congress Organiser
Viale G. Matteotti 7, 50121 Florence, Italy – **by 28 September 2015**
Phone +39 (055) 50351, fax +39 (055) 5035230, e-mail registrationESA2015@oic.it

MAIN PERSONAL INFORMATION

Please complete this form for ONE participant in block letters.

Prof. Dr. Mr. Mrs. male female

Last name _____ First name _____

Institution _____ Unit, suite, floor _____

PARTICIPANT INFORMATION

Postal Address _____

Postalcode _____ City _____ Country _____

E-mail (mandatory) _____

Telephone _____ Fax _____

Fiscal Code) _____

(mandatory for Italian participant only)

Date, City and Country of birth _____

(mandatory for foreign participant)

BILLING ADDRESS (if different from personal information)

Please head receipt of payment/invoice to: _____

(address, zip code, city, country)

Fiscal / VAT code (mandatory for companies) _____

I accept to receive the invoice: by email as a PDF file or hard copy by post

REGISTRATIONS

The latest date for pre-registration is 28 September 2015. After this date, please register on site.
The registration fee will be adjusted according to the current VAT charge alignment.

REGISTRATION FEES (VAT included)	REGULAR Until 31 st August 2015	After 31 st August 2015 and on-site
ESSKA-ESA and SIGASCOT Member	€ 180,00	€ 210,00
No Member	€ 220,00	€ 250,00
Resident in training*	€ 90,00	€ 120,00
Congress Dinner	€ 75,00	€ 75,00
		TOTAL €

(*) a proof of status is mandatory

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Please repeat your Surname _____ Name _____

HOTEL RESERVATION

Room reservations can only be confirmed once the pre-payment has been received.

Tourist tax: € 6,00 per person per night for reservations in 4 star hotels calculated in addition to the room cost payable directly to the hotel upon check out.

Prices in euro, including breakfast and VAT.

NH VITTORIO VENETO - 4* Corso d'Italia, 1 - Roma (Meeting venue)	Cost per room per night	Nights	Total Payment
Double room for single use	€ 215,00	_____	€ _____
Double room	€ 235,00	_____	€ _____

Date of arrival _____ October 2015 Date of departure _____ October 2015

Length of stay _____ nights

Smoking room Non-smoking room

Arrival after 18.00 hrs yes no

Not required

SUMMARY

I herewith enclose the following amounts:

Registration Fee

€ _____

Hotel Reservation

€ _____

Congress Dinner

€ _____

TOTAL TO BE PAID

€ _____

PAYMENT

Please charge the following credit card:

VISA MASTERCARD AMERICAN EXPRESS

Card no. _____ Expiry date _____

Security code (last 4 digits on the front of the card, AMERICAN EXPRESS only) _____

Security code (last 3 digits on the back of the card, VISA and MASTERCARD only) _____

Cardholder's name _____

Overall amount (total) to be charged in EUR (€) _____

Payment by bank transfer:

Account name: OIC srl

Bank: Cassa di Risparmio di Firenze, Ag. 1, Viale Matteotti 20r, 50132 Florence, Italy

IBAN Code: IT39 S061 6002 8010 0001 0628 C00 – SWIFT Code: CRFiiT3F

No charges to the recipient.

A copy of the bank transaction has to be sent together with the registration form to OIC Srl by fax or e-mail. The sender's full name and address must be clearly stated in the transfer order as well as the payment purposes.

IMPORTANT NOTICE

Registration and hotel reservation can be considered valid only once the pre-payment has been received. Forms without proof of payment will not be processed.

DECLARATION - Your signature is mandatory in order to process your registration!

According to the art. 13 D. Lgs. 196/2003, OIC srl are authorised to use my personal data for purposes connected to Congress management. I also confirm that I have understood the cancellation, payment and refund policy for individual registration as well as the hotel reservation terms and conditions specified in the announcement.

Date _____

Signature _____