

March 31st 2017 -**SCIENTIFIC DIRECTORS**Maurizio Fornari
Gualtiero Innocenzi**SCIENTIFIC SECRETARIAT**Francesco Costa
Alessandro Ortolina
Giovanni Cardarelli
Ettore Carpineta**CT SCAN AND NAVIGATION
ASSISTED SPINAL SURGERY****REGISTRATION FORM****To be completed in block letter and sent with payment to My Meeting S.r.l.**

Via I Maggio 33/35 40064 Ozzano dell'Emilia (BO) - info@mymeetingsrl.com

Deadline for registration March 24th, 2017**PROFESSIONAL ADDRESS**

Surname _____ Name _____

Hospital/Institution _____

Department _____ Role _____

Address _____

Zip Code _____ City _____

Country _____ State _____

Ph. _____ Fax _____

E-mail _____ Mobile _____

PRIVATE ADDRESS

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 to send the invoice _____

RISERVATO ALLE ASL E AZIENDE OSPEDALIERE

In caso di richiesta di emissione fattura nei confronti di enti esenti IVA (A.S.L./A.O.) il partecipante dovrà farne richiesta al momento dell'invio della scheda di iscrizione. La A.S.L./A.O. è tenuta a inviare a My Meeting l'autorizzazione nominativa del partecipante al corso e tutti i dati necessari all'emissione della fattura elettronica (codice univoco); Il pagamento della quota esente IVA dovrà essere effettuato vista fattura.

REGISTRATION FEE:Young Surgeon (Under 40)^o

Regular

Company Staff*

 Free registration € 200,00 VAT included € 120,00 VAT included^oA copy of a document must be attached to the registration form

*In addition to those included in the sponsorship agreement

SUMMARY OF PAYMENT:

REGISTRATION FEE

€ _____

TOTAL PAYMENT

€ _____

HOW TO PAY **Credit card** total amount € _____ VISA EUROCARD MASTERCARD

Card Number _____ Expiry date __ / __ Security Code ___ (3 digits on the

back of the card) Holder's name _____ Signature _____

Bank Transfer, made to the order of the following account: in favour of **My Meeting S.r.l.** - Description "L6 Educational Event + name and surname" - Bank CARISBO Cassa di Risparmio in Bologna Filiale San Lazzaro (BO) via Jussi 1 - Account n° IBAN: IT 13 Y 06385 37070 100000006418 - SWIFT-BIC Code: IBSPIT2B.

With reference to the information on private data provided in the "Scientific 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 _____