

REGISTRATION FORM

Please send a copy of the registration to the Organizing Secretariat no later than November 14 PLS Educational will e-mail a confirmation of your registration within 72 hours of receipt of your form

ATTENDEE INFORMATION (please type or print clearly)

First Name: _____ Last Name: _____

Place and of birth: _____

Mobile: _____ Email: _____

Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____

VAT or FISCAL CODE : _____

PROFESSIONAL INFORMATION

Academic Degree: MD PhD PROF.

Specialty: _____ Company/Institution: _____ City: _____

Phone: _____ Email: _____

REGISTRATION FEE – the registration is free of charge

ADDITIONAL ITEMS

Social Dinner (Friday, November 25): _____ Attendee x € 70.00 (VAT included) = € _____

PAYMENT INFORMATION

MONEY ORDER must be payable to PLS Educational Srl on
Monte dei Paschi di Siena - Agenzia 20 - Firenze IBAN: IT 29 0 01030 02804 000000221213

CREDIT CARD total € _____,00 (VAT included)

VISA/Mastercard N. |_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| CWV code |_____|_____|_____| Expiring date |_____|_____|/|_____|_____|

Name as it appears on _____ Signature _____

CANCELLATIONS

All cancellation and refund requests must be made in writing to PLS Educational.
For a refund of the social dinner (less a €25.00 administrative fee) cancellation requests must be received by October 31. Cancellation requests received from November 1, 2016 will not receive a refund.

Date _____ Signature _____

In consideration for my participation in the meeting, I hereby grant PLS Educational the perpetual, world-wide, royalty-free right and permission to record, photograph, use and distribute (royalty-free, both now and in the future) my image, name, and voice in all forms and all media including. I agree for my phone, address, and email information to be used for this meeting only and for ECM purpose.

Date _____ Signature _____

Please register no later than November 14 sending a copy of this registration form to the Organizing Secretariat



PLS Educational Srl

Via della Mattonaia, 17 – 50121 Firenze

By mail: sabina.gambacciani@promoleader.com - By fax: 0039 055 2462270