

Genoa, 22/23 October 2015 - REGISTRATION FORM

Please fill and send it together with the receipt of payment to: DYNAMICOM srl - via San Gregorio 12 – 20124 Milan (Italy) Tel. +39 02 89693752 – fax +39 02 201176 - e-mail: lorena.losi@dynamicom.it

FIRST NAME	LAST NAME
Address	
Zip Code City	Country
Phone	Mobile
Fax	E-mail
late registration: € 427,0 Student/delegate under 40 : € 183,0 From a Please the reg Physiotherapist/nurse : € 109,8 TERMS OF PAYMENT:	00 (until September 20 th , 2015) 00 (after September 21 st , 2015) 00 - A student is defined as a holder of a student identification card recognised tertiary education institution or international student card note: a copy of your student identification card must be attached to istration form
ABI 03500, CAB 01604, CIN K - IBAN CO	NAMICOM srl - Bank: UBI - Banco di Brescia c/c 5561, DE IT23P035000160400000005561 – SWIFT CODE BCABIT21 matology2015 GENOVA + delegate's name" ed to your registration form
INVOICE MADE OUT TO:	
Address	
Zip Code City	Country
Vat number / Fiscal Code	
CONDITIONS	

The registration fee includes: access to all scientific session and exhibition, congress kit, lunch, coffee breaks Registration will only be confirmed if deposit is received. In case of cancellation received within September 20th, 2015 the paid amount will be refunded with a deduction of 25% for administrative charge. After September 21st, 2015 no refund will be allowed for cancellation. Any changes or cancellation should be made in writing to DYNAMICOM. Refunds will be processed after the congress.

Privacy: According to low 196/2003, DYNAMICOM is authorised to use personal data only for purposes strictly connected to the meeting management.

DATE:	SIGNATURE: