

International Congress

Genoa, 19/20 October 2017 - 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 89693750 - fax +39 02 201176 - e-mail: lorena.losi@dynamicom.it

FIRST NAME	LACT NAME
	LAST NAME
Address	
Zip Code City	Country
Phone	Mobile
Fax	E-mail
REGISTRATION FEES: (V	/at 22% included)
Student/delegate under 40: 4 Physiotherapist/nurse: 4 TERMS OF PAYMENT: Bank transfer made to the order Via Amilcare Ponchielli, 1 – 2012 Codice BIC/SWIFT BLOPIT22	€ 427,00 (after April 19, 2017) € 183,00 - A student is defined as a holder of a student identification card From a recognised tertiary education institution or international student card Please note: a copy of your student identification card must be attached to the registration form
	enclosed to your registration form
INVOICE MADE OUT TO:	
Address	
	Country
Registration will only be confirme 18th, 2017 the paid amount will September 19th, 2017 no refund w	ess to all scientific session and exhibition, congress kit, lunch, coffee breaks d if deposit is received. In case of cancellation received within September be refunded with a deduction of 25% for administrative charge. After will be allowed for cancellation. Any changes or cancellation should be made s will be processed after the congress.
L Privacy: According to low 196/2003, I to the meeting management.	DYNAMICOM is authorised to use personal data only for purposes strictly connected
DATE :	SIGNATURE: