

### REGISTRATION FORM

Fill in the registration form and send it to the Administration Office along with a copy of the bank transfer of the registration fee to

**Lorena Dioni** medical and scientific publications and training:

by e-mail: [lorenadioni@haemodynamicsdelfrate.com](mailto:lorenadioni@haemodynamicsdelfrate.com)

or by ordinary mail to: Lorena Dioni – via Maffei, 72 – 38064 Folgaria (TN)

**Personal Data:** Surname ..... Name .....  
Place of birth ..... Date of birth .....

Address: Street .....  
Zip Code ..... Town ..... State .....

Telephone number.: ..... Cell phone number: .....

E-mail : .....

☐ **PHYSICIAN:** Specialization: .....

**Work place:** Clinic/Office .....

Unit ..... Role .....

### Invoice data:

Heading: .....

Address: ..... Zip Code ..... Town.....

VAT NUMBER .....

PRIVACY POLICY NOTICE according to the Legislative Decree number 196/2003, we want to inform you that your personal data will be collected and processed by Lorena Dioni medical and scientific publications and training, responsible for the personal data process, whose head office is in Folgaria (Trento) in Via Maffei, 72. The data process will be done by hand and/or by electronic means. We remind you that you can request at any time to exercise all the rights conferred by the law under art. 7 of the decree.

Signature .....

### FEE REGISTRATION

Registration fee € 430,00 (+VAT 22%) = € 524,60 (VAT Included)

The registration fee includes admission to all scientific sessions, coffee and lunch breaks, dinner and all social events

### Payment: Bank transfer

**Bank:** Banca Popolare dell'Alto Adige

**IBAN:** IT84 J058 5601 8010 8357 1324 369

**BIC:** BPAAIT2B083

**Account owner:** Lorena Dioni

Please make sure to specify: The participant's name and surname

### Registration cancellation policy

For cancellations received along with the payment receipt by the administrative office before April 30<sup>th</sup>, 2017, 70% of the fee will be refunded, while 30% will be kept as administration charge. After that date, it will not be possible to refund a cancellation, only to replace the participants. The issued invoice however will not be changed. The refunds will be made after the congress.

### ACCOMMODATION (limited availability)

Bed and breakfast - Rates include breakfast and VAT

from ..... to ..... = Number of nights .....

at Hotel Impero \*\*\*\* o Hotel Continental \*\*\*\* in Cremona:

☐ Single room: € 70,00 ☐ Single room with queen size bed: € 79,00

☐ Single room with king size bed: € 85,00

at DellaArti Design Hotel \*\*\*\* in Cremona:

☐ Single room with king size bed: € 103,70

Credit card necessary for hotel reservation (\*Payment is made directly to the hotel)

Credit Card



N°.: ..... Expiration date.: ...../...../.....

Data .....

Signature.....