

7th INTERNATIONAL CONGRESS AORTIC AND PERIPHERAL SURGERY HOW TO DO IT MILANO-ITALY/DECEMBER 1.5th-1.7th, 2016

PLEASE COMPLETE AND RETURN THE ENTIRE **REGISTRATION FORM** TO: **ACHELOÍS** - **Professional Congress Organiser** - **Fax** +39 02 2643 3754 - **email info@aorticsurgery.it**

| SURNAME | NAME | |
|---|--|--|
| DATE OF BIRTH | PLACE OF BIRTH | |
| SPECIALIST IN | 1 2 (62 6) 5 (1) | |
| HOME ADDRESS | CITY | COUNTRY |
| INSTITUTE | | |
| INSTITUTE ADDRESS | | |
| CITY | COUNTRY | POSTAL CODE |
| E-MAIL | PHONE | FAX |
| INVOICE DATA (compulsory) | | |
| HEADING OF THE INVOICE | | |
| FISCAL ADDRESS | | |
| CITY | COUNTRY | POSTAL CODE |
| FISCAL CODE (only for Italians) | COOMINI | TOSTAL CODE |
| VAT NUMBER | | |
| DATE AND PLACE OF BIRTH (not requested for industries) | | |
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| REGISTRATIONS (please check your choice) | | |
| BEFORE OCTOBER 7 th , 2016 | C 400 00 (/AT INCLLIDED) | |
| STANDARD RATE | € 488,00 (VAT INCLUDED) | |
| MEMBERS OF SICVE, SCV, ESCVS, SBACV, ICIR REDUCED RATE* | € 400,00 (VAT INCLUDED) € 400,00 (VAT INCLUDED) | |
| PERFUSIONISTS | € 400,00 (VAT INCLUDED) | |
| AFTER OCTOBER 7th, 2016 | e 100,00 (VAI INCLUDED) | |
| STANDARD RATE | € 585,00 (VAT INCLUDED) | |
| MEMBERS OF SICVE, SCV, ESCVS, SBACV, ICIR | € 488,00 (VAT INCLUDED) | |
| REDUCED RATE* | € 488,00 (VAT INCLUDED) | |
| PERFUSIONISTS | € 210,00 (VAT INCLUDED) | |
| FELLOWS IN TRAINING (a certification is requested from the institute) | FREE OF CHARGE | |
| * Registered participants to 2016 edition of Aorta Masterclass, CICE, CI | | oosium (attendance certificate is required). |
| METHODS OF PAYMENT | | |
| BANK TRANSFER (REGISTRATIONS WILL NOT BE PROCES | SED WITHOUT THE COPY OF TH | E TRANSFER\TO- |
| ACHELOIS SRL | SED WITHOUT THE COLT OF TH | it mansi tiy io. |
| Bank: Banca Popolare di Bergamo | | |
| AGENCY: 1860 Vimercate | | |
| IBAN IT16 H054 2834 0700 0000 0008 472 - BIC/sv | vift: BLOPIT22 | |
| 2. CREDIT CARD VISA | MASTERCARD | |
| TYPE NAME AS ON THE CARD | | |
| TYPE EXPIRATION DATE | TYPE SECURE CODE | |
| TYPE CARD NUMBER | SIGNATURE | |
| ACCORDING TO ITALIAN LAW NR. 196/03 ON PRIVACY PROTECTION, YOUR DATA WIL | | A, 8 - MILANO). AT ANY TIME YOU CAN ASK TO MODIFY OR CANCEL YOUR DATA. |
| IN ABSENCE OF AUTHORISATION WE WILL NOT PROCEED WITH YOUR REGISTRATION | | |
| YOUR IMAGE, TAKEN DURING THE EVENT, MAY BE REPRODUCED IN VIDEOS AND PH SOCIAL NETWORKS OF THE EVENT, IF ANY). | OTOS OF THE EVENT AND PUBLISHED ON 1 | ihe website and social networks of Achelois (and on the website and |
| DATE | SIGNATURE | |
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CANCELLATION POLICY

Notification of cancellation must be made in writing to the Organising Secretariat. All refunds will be reimbursed only after the end of the Congress, by bank transfer, as follows:

- between October 24th and November 4th, 2016 50% of paid fees
- after November 4th, 2016 no refund