

XXXII Course on Musculoskeletal Pathology Bologna, Italy, April, 08-12, 2019

VIII_04

REGISTRATION FORM

deadline to send the registration form: March 30th, 2019

To fill out on your computer, to save in pdf format and send by e-mail to segreteria@adarteventi.com

PARTICIPANT DATA: all fields are required

Family Name	<input type="text"/>	First Name	<input type="text"/>		
Date of birth	<input type="text"/>	Place of birth	<input type="text"/>	Codice Fiscale (only for italian)	<input type="text"/>
<input type="checkbox"/> Graduation	<input type="text"/>				
<input type="checkbox"/> Specialization	<input type="text"/>				
Hospital	<input type="text"/>				
Department	<input type="text"/>	Work Position	<input type="text"/>		
Address	<input type="text"/>				
ZIP Code	<input type="text"/>	City	<input type="text"/>	Country	<input type="text"/>
Mobile	<input type="text"/>	Phone	<input type="text"/>	email	<input type="text"/>

REGISTRATION FEE

The registration fee covers:

- admittance to the scientific session and final program
- refreshments during break and lunches
- Course Dinner of Tuesday April 9

- REGULAR € 700,00 VAT included
- RESIDENT € 450,00 VAT included - with letter from Chief Dept
- AISOT Member € 200,00 VAT included

SIAPEC Member
20% discount

The registration will be confirmed in writing by the Organizing Secretariat

COURSE DINNER - Tuesday April 9 - included in the registration fee

- YES, I'll be attending the course dinner
- NO, I'm not attending

TOTAL AMOUNT IS

€ _____

In order for the registration to be valid, you must have already made the payment. The registration form received without proof of payment will not be considered valid.

Organizing Secretary

AdArts

Tel. 051/19936160 Fax 051/19936170 email: segreteria@adarteventi.com www.adarteventi.com

TERMS OF PAYMENT

CREDIT CARD

I authorize Ad Arte srl to charge the above amount on the following credit card:

VISA MASTERCARD

Number:

Expiration Date / Security Code

Cardholder Name

BANK TRANSFER

net of bank charges

Ad Arte srl - Cassa di Risparmio di Cento - Ag. Castel Maggiore

IBAN IT 42M0611536740000000003861 - SWIFT / BIC CRCEIT2C

Reference: MSP2019 + Name - cod. VIII_04

INVOICE DATA

Invoice Header

Address

ZIP Code City Country

VAT Number

email

ONLY FOR ITALIAN

PRIVATO
REGIME FORFETTARIO
REGIME DI VANTAGGIO

SOGGETTO IVA

Codice Fiscale PEC Codice Destinatario

Nota per i dipendenti delle Pubbliche Amministrazioni (P.A.):
Per poter emettere fattura intestata ad una P.A. ed emessa con **scissione di pagamento/split payment** o in **esenzione IVA**, l'Ente dovrà inviare, unitamente alla scheda di iscrizione, una dichiarazione contenente tutti i propri dati fiscali oltre al codice univoco P.A. (Identificazione Pubblica Amministrazione) in cui si specifichi che il dipendente (indicare nome / cognome) è autorizzato a frequentare l'evento di aggiornamento professionale; oltre ad ogni altra eventuale informazione che l'Ente stessa ritenga necessaria ed opportuna per facilitare l'identificazione del pagamento del servizio come da norma della fatturazione elettronica

Date

Signature

Organizing Secretary

