



## REGISTRATION FORM

Please return before **June 20<sup>th</sup>** to [info@mrimi.it](mailto:info@mrimi.it) or [linda.isella@achelois.eu](mailto:linda.isella@achelois.eu)  
 FAX: +39 02 2643 3754

Name \_\_\_\_\_

State of birth \_\_\_\_\_ Date of birth \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

### REGISTRATION FEES (PLEASE CHECK YOUR CHOICE)

- |                          |                               |                          |
|--------------------------|-------------------------------|--------------------------|
| <input type="checkbox"/> | Physician                     | €650,00 VAT 22% included |
| <input type="checkbox"/> | Resident and Nurse            | €550,00 VAT 22% included |
| <input type="checkbox"/> | Volunteer medical/Non medical | €450,00 VAT 22% included |

The above mentioned fees will be 50% discounted if you are a ESTES or FIMEUC member or if you have a Volunteer Associations Affiliation

**A document certifying the right to the reduction must be sent together with this form.**

Working field: (MD / Nurse / Paramedic / Ambulance / Military / Admin)

Specialisation (for MD and Nurse): \_\_\_\_\_

Present position: \_\_\_\_\_

Experiences with disaster medicine: \_\_\_\_\_

I apply for the following category during the simulation:

(Pre-hospital incl. transport / Regional command / In-hospital / Hospital command)

Priority 1: \_\_\_\_\_

Priority 2: \_\_\_\_\_

Priority 3: \_\_\_\_\_

Priority 4: \_\_\_\_\_

(Please note that depending on the applicant group, the requested priorities cannot always be designated)

**INVOICE DATA (COMPULSORY)**

Heading of Invoice \_\_\_\_\_

Fiscal Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Fiscal Code (for Italians only) \_\_\_\_\_

VAT Nr. \_\_\_\_\_

**METHODS OF PAYMENT**

1. **BANK TRANSFER** (registration will not be processed without a copy of the transfer)

**ACHELOIS SRL**

Bank: Banca Popolare di Bergamo

Agency: 1860 Vimercate

IBAN: **IT16 H054 2834 0700 0000 0008 472** – BIC/SWIFT: **BLOPIT22**

2. **CREDIT CARD**     VISA                       MASTERCARD

NAME AS ON THE CARD \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

SECURE CODE \_\_\_\_\_ EXPIRE DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**CANCELLATION POLICY**

Notification of cancellation must be made in writing to the Organising Secretariat. No refunds foreseen.

*According to the Italian Law nr. 196/03 on privacy protection, your data will be treated by Achelois Srl (Via Larga, 8 – Milano). At any time you can ask to modify or cancel your data. In absence of authorization we will not proceed with your registration to the congress.*

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_