TRAINING COURSE

IN LAPAROSCOPIC LIVER SURGERY

San Raffaele Hospital, Milano

October 15-16, 2019

PLEASE COMPLETE AND RETURN THE **REGISTRATION FORM**
by September 27th 2019 TO:

ACHELOÍS - Professional Congress Organiser

Fax +39 02 2643 3754 - email elena.delboca@achelois.eu

SURNAME NAME

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)

VAT NUMBER

DATE AND PLACE OF BIRTH (not requested for industries)

REGISTRATIONS

☐ STANDARD RATE € 800,00 (VAT INCLUDED)

O I will attend the Social Dinner on October 15, 2019

METHODS OF PAYMENT

1. **BANK TRANSFER** (REGISTRATIONS WILL NOT BE PROCESSED WITHOUT THE COPY OF THE TRANSFER) TO:
   ACHELOIS SRL
   Bank: UBI Banca Spa
   AGENCY: 6005 Vimercate
   IBAN **IT59 C031 1134 0700 0000 0008 472** - BIC/swift: **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 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 AUTHORISATION WE WILL NOT PROCEED WITH YOUR REGISTRATION TO THE CONGRESS.

YOUR IMAGE, TAKEN DURING THE EVENT, MAY BE REPRODUCED IN VIDEOS AND PHOTOS OF THE EVENT AND PUBLISHED ON THE WEBSITE AND SOCIAL NETWORKS OF ACHELOIS (AND ON THE WEBSITE AND SOCIAL NETWORKS OF THE EVENT, IF ANY).

DATE SIGNATURE