



VENICE COURSE ON EXTREME VASCULAR INTERVENTIONS

Lido di Venezia, April 17-19, 2008

REGISTRATION FORM

Please complete this form using block capital letters and send it to the Organizing Secretariat **ADB Eventi&Congressi**
(fax 0039-051-4072964 / e-mail info@adbcongressi.it) **within April 4, 2008.**

PERSONAL DATA

SURNAME _____ **NAME** _____
FISCAL CODE* _____ **PLACE OF BIRTH** _____ **DATE OF BIRTH** _____
HOME ADDRESS _____
ZIP CODE _____ **CITY** _____ **STATE** _____ **COUNTRY** _____
PHONE _____ **FAX** _____ **MOBILE PH.** _____ **E-MAIL** _____
ACCOMPANYING PERSONS/ _____
 * for Italians only

INSTITUTE DATA

INST., HOSP., DIV. _____ **ADDRESS** _____
ZIP CODE _____ **CITY** _____ **STATE** _____ **COUNTRY** _____
PHONE _____ **FAX** _____ **E-MAIL** _____

REGISTRATION FEES (20% VAT included)

Please check the required registration

| | within January 1, 2008 | after January 1, 2008 |
|------------------------------------|---|---|
| COURSE | <input type="checkbox"/> € 400,00 | <input type="checkbox"/> € 450,00 |
| ADVANCED COURSE on April 19 | <input type="checkbox"/> € 100,00 <small>Not available without main Course application</small> | <input type="checkbox"/> € 150,00 <small>Not available without main Course application</small> |

ACCOMPANYING PERSONS SOCIAL PROGRAM

Please specify the number of tours required

| April 17, 2008 | April 18, 2008 |
|--|---|
| n. ____ Classical Tour € 65,00 – half day | n. ____ Less Known Venice € 60,00 – half day |
| n. ____ Full Day in Venice € 120,00 – full day | n. ____ Islands of the Lagoon € 168,00 – full day |

INVOICE DETAILS

INVOICE HEADED TO: _____ **ADDRESS** _____
ZIP CODE _____ **CITY** _____ **STATE** _____ **COUNTRY** _____
PHONE _____ **FAX** _____ **E-MAIL** _____
VAT NUMBER* _____ **FISCAL CODE*** _____
 * for Italians only

REMITTANCE OF REGISTRATION FEE

Bank transfer to: ADB Eventi&Congressi
 Unicredit Banca – Agenzia Bologna IV Novembre
Account number 000010800030 **IBAN** IT77G0200802484 **BIC/SWIFT CODE** UNCRITB1MN0

Please indicate "EVIVENICE 2008" and your name on the bank transfer and attach a copy of the bank transfer to your Registration Form by submitting it to the Organizing Secretariat.

Credit Card - Charge € _____ on the following credit card: VISA MASTERCARD

Card number _____ **Expiration date** _____ **Security code*** _____
Card Holder Name _____ **Card Holder Signature** _____

* the security number is made out of the last 3 numbers on the back of your credit card

CANCELLATION AND REFUND POLICY

Cancellations should be notified in writing to the Course Organizers. Cancellations for registrations received before March 21, 2008 will receive a refund, less 10% administration fee. No refunds will be made for cancellations received after that date. Refunds will be processed after the Course.

Substitute delegates are welcome without penalty: any name change must be communicated to the Organizing Secretariat within April 4, 2008.

According to Italian Law n. 196/03 on privacy protection, all personal data will be treated strictly confidentially. I therefore authorize ADB Eventi&Congressi and the Course Director to use my personal data to process my registration in this Course and to keep me informed on Scientific events of my interest. I also state that I have understood and accepted the Cancellation and Refund Policy specified above.

Signature _____ **Date** _____