



**2010 VENICE COURSE ON  
EXTREME VASCULAR INTERVENTIONS  
AND ISCHEMIC FOOT MANAGEMENT**  
Venice Lido, Venice (Italy)  
22,23 April 2010

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](mailto:info@adbcongressi.it)) **within April 2, 2010.**

**PERSONAL DATA**

SURNAME \_\_\_\_\_ NAME \_\_\_\_\_  
FISCALCODE\* \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
ZIP CODE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ MOBILE PH. \_\_\_\_\_ E-MAIL \_\_\_\_\_  
\* for Italians only

**INSTITUTE DATA**

INST./ HOSP./ DIV. \_\_\_\_\_ ADDRESS \_\_\_\_\_  
ZIP CODE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

**REGISTRATION FEE (20% VAT included)**

<b>COURSE</b>	<input type="checkbox"/> € 1.500,00
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**INVOICE DETAILS**

INVOICE HEADED TO: \_\_\_\_\_  
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  
**IBAN** IT77G0200802484000010800030  
**BIC/SWIFT CODE** UNCRITB1MNO

Please indicate "EVIVENICE 2010" 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, 2010 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 2, 2010.

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 Directors 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** \_\_\_\_\_