



2010 VENICE COURSE ON EXTREME VASCULAR INTERVENTIONS AND ISCHEMIC FOOT MANAGEMENT

Venice Lido, Venice (Italy)
22,23 April 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)

COURSE	<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

_____ 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 _____