

## REGISTRATION FORM

Please send a copy of the registration to the Organizing Secretariat no later than November 14 PLS Educational will e-mail a confirmation of your registration within 72 hours of receipt of your form

### ATTENDEE INFORMATION (please type or print clearly)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Place and of birth: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

VAT or FISCAL CODE : \_\_\_\_\_

### PROFESSIONAL INFORMATION

Academic Degree: MD PhD PROF.

Specialty: \_\_\_\_\_ Company/Institution: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### REGISTRATION FEE – the registration is free of charge

#### ADDITIONAL ITEMS

Social Dinner (Friday, November 25): \_\_\_\_\_ Attendee x € 70.00 (VAT included) = € \_\_\_\_\_

#### PAYMENT INFORMATION

**MONEY ORDER** must be payable to PLS Educational Srl on  
Monte dei Paschi di Siena - Agenzia 20 - Firenze IBAN: IT 29 0 01030 02804 000000221213

**CREDIT CARD** total € \_\_\_\_\_,00 (VAT included)

VISA/Mastercard N. |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| CWV code |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| Expiring date |\_\_\_\_\_|\_\_\_\_\_|/|\_\_\_\_\_|\_\_\_\_\_|

Name as it appears on \_\_\_\_\_ Signature \_\_\_\_\_

#### CANCELLATIONS

All cancellation and refund requests must be made in writing to PLS Educational.  
For a refund of the social dinner (less a €25.00 administrative fee) cancellation requests must be received by October 31. Cancellation requests received from November 1, 2016 will not receive a refund.

Date \_\_\_\_\_ Signature \_\_\_\_\_

In consideration for my participation in the meeting, I hereby grant PLS Educational the perpetual, world-wide, royalty-free right and permission to record, photograph, use and distribute (royalty-free, both now and in the future) my image, name, and voice in all forms and all media including. I agree for my phone, address, and email information to be used for this meeting only and for ECM purpose.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please register no later than November 14 sending a copy of this registration form to the Organizing Secretariat



**PLS Educational Srl**

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By mail: sabina.gambacciani@promoleader.com - By fax: 0039 055 2462270