

PAYMENT FORM

Please, complete the payment form and send it by FAX to +39 06 99701344

Registration without accompanying payment will not be processed.

Please, write in capital letters

LAST NAME: FIRST NAME:

INSTITUTION/COMPANY:

ADDRESS: CITY:

STATE: COUNTRY: ZIP CODE:

TEL: FAX: E-MAIL:

NIGHTS (nr.) CHECK-IN DATE (DD/MM/YYYY) CHECK-OUT DATE (DD/MM/YYYY)

AMOUNT DUE:

Congress:

€ ,00

Post-Conference Course:

€ ,00

Hotel:

€ ,00

Total amount due:

€ ,00

CREDIT CARD (no Electron)

VISA MASTER CARD

Name of Cardholder (last and first names):

Credit Card Number:

Expiration Date (MM/YYYY):

Signature

BANK TRANSFER

Bank Details:

La CONOR Srl

IBAN: IT 07 I 03051 03204 000030020167

SWIFT Code: BARCITMMBKO

Bank commission at participant's cost