

REGISTRATION AND HOTEL ACCOMODATION FORM

❖ PARTICIPANT Male Female

Family name | First name

Affiliation

Address

Post Code | City | Country

Ph | Fax

e-mail

Fiscal Code or VAT n. | Date of birth | Place of birth

❖ ACCOMPANYING PERSON

Family name | First name

❖ 1. REGISTRATION FEES (IN EURO)

	EARLY before JULY 15, 2010	LATE AND ON SITE after JULY 15, 2010
Member SIA/SICSeG/SIGASCOT/SIOT	€ 650,00 <input type="checkbox"/>	€ 750,00 <input type="checkbox"/>
Non-Member SIA/SICSeG/SIGASCOT/SIOT	€ 800,00 <input type="checkbox"/>	€ 900,00 <input type="checkbox"/>
Physiotherapist	€ 200,00 <input type="checkbox"/>	€ 250,00 <input type="checkbox"/>
Accompanying person	€ 120,00 <input type="checkbox"/>	€ 150,00 <input type="checkbox"/>

Please note that registration fees include VAT 20% as per Italian law.

Subtotal 1 € _____

❖❖❖ 2. HOTEL RESERVATION (to be filled in and sent before **SEPTEMBER 10th, 2010**)

Selected Hotel		SINGLE ROOM	DOUBLE ROOM
Grand Hotel Vesuvio*****L	standard room	€ 185,00 <input type="checkbox"/>	€ 210,00 <input type="checkbox"/>
Grand Hotel Vesuvio*****L	sea view room	€ 240,00 <input type="checkbox"/>	€ 270,00 <input type="checkbox"/>
Hotel Royal Continental****	standard room	€ 160,00 <input type="checkbox"/>	€ 175,00 <input type="checkbox"/>
Hotel Royal Continental****	sea view room	€ 180,00 <input type="checkbox"/>	€ 195,00 <input type="checkbox"/>
Hotel Rex***		€ 80,00 <input type="checkbox"/>	€ 100,00 <input type="checkbox"/>
B&B		€ 70,00 <input type="checkbox"/>	€ 90,00 <input type="checkbox"/>

ARRIVAL DATE _____

DEPARTURE DATE _____

N° of nights _____

Late arrival (after 6 p.m.) _____

Total Amount € _____

Agency fee for hotel reservation € **15,00** _____

Subtotal 2 € _____

TOTAL € _____

❖❖❖ PAYMENTS

All payments must be made in Euro (€) and addressed to **MCM SRL** and marked with the code **"NISC 2010 + name and surname of the registered person"**.

Bank Transfer / (Euro _____) to "MCM SRL"

Account holder: "MCM SRL"

Bank: Banca Cariparma, Agency 586, via Chiaia, 110 – 80121 Napoli (Italy)

Account #: 000063346465; ABI code: 06230; CAB code: 03535;

IBAN code: IT74G0623003535000063346465; Swift code: CRPPIT2P586

Certification of payment made by Bank Transfer must be mailed or faxed with the registration form.

Please note that all bank charges must be covered by the sender.

Credit Card / Please charge the sum of Euro _____ from Mastercard Visa AMEX

Card Number _____ Expiration Date _____

Cardholder _____

Date _____ Signature _____

INVOICING

The invoice related to registration fee and hotel reservation will be issued by MCM srl. The invoice will be released to the subject indicated above. In case invoice should be named and addressed to another subject please indicate it below:

CONDITIONS

By sending this form I agree with the terms and conditions of payment and cancellations stated on the general information of the congress of this preliminary program. Following the provision of Italian Law 196/2003 the organizers wish to inform you that the personal data provided in this form will be used exclusively for information about the event mentioned in this form.

Date _____ Signature _____