

12TH EUROPEAN COURSE
ON THERAPEUTIC DIGESTIVE ENDOSCOPY AND RADIOLOGY
LIVE VIDEO DEMONSTRATIONS

Rome, October 18th – 19th, 2004

REGISTRATION FORM

Please print or type for name tags and certificates

Last Name:

First name:

Institution:

Address of Institution:

City:

Country:

ZIP Code:

Telephone

Fax

E.mail

Invoice (Name and Surname if individually natural person, or company name)

Address:

ZIP Code

City:

Country:

F.C./VAT

Payment

(Participant's name has to be mentioned on the payment)

Bank transfer to: SC Studio Congressi Srl

Banco di Sicilia Ag. 12 Rome

Bank account IBAN IT 02 CIN O ABI 01020 CAB 03212 C/C 000410872616

Please quote your name and "12TH European Course" in your bank transfer form

Bank cheque to: SC Studio Congressi Srl

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REGISTRATION FEES

By June 30, 2004	Participants	€ 500,00
By June 30, 2004	Trainees	€ 300,00
By June 30, 2004	Nurses	€ 200,00
Social Dinner on September 10 th , 2004		€ 100,00

From July 1 to September 1 st , 2004	Participants	€ 600,00
From July 1 to September 1 st , 2004	Trainees	€ 350,00
From July 1 to September 1 st , 2004	Nurses	€ 250,00

All payments (VAT 20% excluded)

Cancellation and refund of registration fees

Notice of cancellation or substitution must be made in writing or by fax to the Congress Secretariat. The date of the postmark will be the basis for considering refunds. Refunds will be made after the meeting.

Cancellations made:

Until July 10, 2004

50% refund

After July 10, 2004

No refund

HOTEL ACCOMMODATION

Rooms of various categories have been reserved at special rates in the Congress area. For hotel rates, category and location please contact the organizing secretariat.

I authorize my personal information to be used according to the privacy Italian Law 675. The information will not be diffused nor communicated to third parties other than those who are in charge of the services requested

Signature _____

SC Studio Congressi

Via F. Ferrara, 40 00191 Roma, Italia

tel. +39-06-3290250, 3290239 - fax +39-06-36306897

e.mail: sc@scstudiocongressi.it

Forms received without appropriate remittance will not be processed