



REGISTRATION FORM

(Please, use block writing)

First Name _____ Family Name _____
Tax Code _____ VAT Number _____
Born in (Town) _____ (Country) _____
On (Day – Month - Year) _____ Sex: Female [] Male []
Profession _____ Specialist in _____
Professional Address/Institution _____
Department _____
Address _____
Zip Code _____ Town _____ State _____ Country _____
Telephone _____ Fax _____
Privat Address _____
Zip Code _____ Town _____ State _____ Country _____
Telephone _____ Fax _____
Mobile Phone _____ e-mail _____

I require the following registration/s:

Early Fee (within July 31st, 2009)

- | | |
|--------------------------------------------------------------------------------------------------------------|-----------------------|
| <input type="checkbox"/> Members and Othorinolaryngologists (full participation/3 days) | € 280,00 VAT Included |
| <input type="checkbox"/> Non-members (full participation/3 days) | € 330,00 VAT Included |
| <input type="checkbox"/> Othorinolaryngologists/Surgeons (single day participation/October 1 st) | € 100,00 VAT Included |
| <input type="checkbox"/> Radiographers (full participation/3 days) | € 280,00 VAT Included |
| <input type="checkbox"/> Residents/Students (full participation/3 days) | € 260,00 VAT Included |

Late and On-site Fee (after August 01st, 2009)

- | | |
|--------------------------------------------------------------------------------------------------------------|-----------------------|
| <input type="checkbox"/> Members and Othorinolaryngologists (full participation/3 days) | € 330,00 VAT Included |
| <input type="checkbox"/> Non-members (full participation/3 days) | € 380,00 VAT Included |
| <input type="checkbox"/> Othorinolaryngologists/Surgeons (single day participation/October 1 st) | € 150,00 VAT Included |
| <input type="checkbox"/> Radiographers (full participation/3 days) | € 330,00 VAT Included |
| <input type="checkbox"/> Residents/Students (full participation/3 days) | € 310,00 VAT Included |

Gala Dinner

- | | |
|------------------------------------------------------------------|----------------------|
| <input type="checkbox"/> Participants and/or Accompanying People | € 70,00 VAT Included |
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Single Day Fee (with no CME accreditation)

- | | |
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| <input type="checkbox"/> Participants and/or Accompanying People | € 130,00 VAT Included |
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The payment has been made by bank transfer (payable to "SYMPOSIA SRL – ESHNR2009"):

Account n. 78431 at UBI, Banca Popolare di Bergamo - IBAN Code: IT 47 F 05428 52470 000000078431
SWIFT Code (Italy): BLOPIT21 - SWIFT Code (abroad): BLOPIT22

N.B. In case the payment is made by a private or a public company, the company itself must require the correct invoicing to Symposia by supplying all the necessary details (name of the company, address, VAT number).

Only for Italian Participants: PRIVACY - Informativa ex art. 13 D.lgs 196/2003

Ai sensi del D.lgs 196/2003, le informazioni fornite verranno trattate per finalità di gestione amministrativa dei convegni e la formazione di elenchi e mailing lists. I dati potranno essere utilizzati per la creazione di archivi cartacei o informatici ai fini dell'invio via e-mail, fax o posta, di proposte per futuri corsi o convegni. Potrà accedere alle informazioni in nostro possesso ed esercitare i diritti di cui all'art. 7 del D.lgs (accesso, correzione, cancellazione, opposizione al trattamento, ecc.) inviando una richiesta scritta al titolare del trattamento presso Symposia srl.

Date _____ Signature _____

Please mail or fax to: **SYMPOSIA srl Via R. Psaro 17 - 25128 BRESCIA (Italy)**
Phone: +39 030 3099308 - Fax: +39 030 3397077 - e-mail: rizzetti@symposiacongressi.it