



GIO

PISA
MAY 31st
JUNE 1st
2013

GLUCOCORTICOID INDUCED OSTEOPOROSIS

AND OTHER DRUG-INDUCED OSTEOPOROSIS



REGISTRATION AND ACCOMMODATION FORM

To be returned filled within **MAY 24TH**
by fax to +39 050 598688 or e-mail to gio2013@aicgroup.it

REGISTRATION

REGISTRATIONS WITHOUT FULL PAYMENT AND INVOICE DETAILS WILL NOT BE ACCEPTED

Last Name _____ First Name _____

M.D. Ph.D. Mr. Mrs. E-mail _____

Organization _____ Division _____

Title _____ Address _____

Country _____ City _____ Zip code _____

Mobile phone _____ Telephone _____ Vat Registration Nr. _____

REGISTRATION FEE (Current VAT 21% included)			
	WITHIN	AFTER	ON SITE
	April 30 th 2013	April 30 th 2013	
Delegate	363,00	423,00	450,00
Delegate UNDER 35	181,00	181,00	200,00
Abstract Submitter UNDER 35	FREE	FREE	NOT AVAILABLE

Identity Document (ID) is required for delegates UNDER 35. Registration fee includes: Congress Kit, Certificate of Attendance, Lunches and Coffee Breaks mentioned in program. Registration is required for all participants.

Please send the Registration Form to: A.I.C. Asti Incentives & Congressi Fax +39 050 598688 e-mail: gio2013@aicgroup.it

CANCELLATION & REFUND

Requests for refund must be sent within Friday, April 30th, 2013 by e-mail to: gio2013@aicgroup.it (A.I.C. Asti Incentives & Congressi). All refunds will be sent after the Meeting. No refund will apply for cancellations received after April 30th, 2013.

PAYMENT REGISTRATION FEE € _____ (PLEASE INDICATE AMOUNT DUE)

BY CREDIT CARD (IN EURO)

I authorize Asti Incentives & Congressi to charge on this credit card the total amount of payment according to the information included in this form and with my acceptance I confirm that I have read and accepted the cancellation and refund policy shown above.

Credit card Information: Visa Mastercard

Card number _____ Exp Date _____

Cardholder's Full Name _____ CVC code (*) _____

Authorization Signature _____

(*) last 3 numbers indicated on the back of your credit card

Local Organizer

Claudio Marcocci
Department of Clinical and Experimental Medicine
University of Pisa

email: gio2013@aicgroup.it

The Organizing Secretariat

Aic Asti Incentives & Congressi
Piazza San Uomobono, 30 Pisa Italy
Tel. 050 598808

BY BANK TRANSFER (IN EURO)

Domestic Bank Transfer

Account Holder: Asti Incentives & Congressi srl
Bank: Monte dei Paschi di Siena Sede di Pisa
IBAN: IT95 D0103014000000002084433
Payment Description: GIO2013 + Delegate's name

International Bank Transfer

Account Holder: Asti Incentives & Congressi srl
Bank: Monte dei Paschi di Siena Sede di Pisa
IBAN: IT95 D0103014000000002084433
BIC or SWIFT: PASCITMMPIS
Payment Description: GIO2013 + Delegate's Name

I confirm that I have read and accepted the cancellation and refund policy shown above

Date _____ Full Name in block letters _____ Signature _____

HOTEL ACCOMMODATION

By filling this section you will receive an e-mail with our proposals

I do NOT require hotel accommodation

I require the following hotel accommodation

Arr. date _____ Dep. date _____

INVOICE

Invoice will be issued for ALL registrations, therefore section below MUST be filled

Company Name / Participant name _____

Address _____

Social Security number (if available) _____

VAT Registration number _____

INVITATION LETTER

If required it will be sent by e-mail with your confirmation letter

required NOT required

I hereby authorize the Organizing Secretariat to the treatment of my personal data for all the aims related with the above mentioned meeting and according to the law 675 of 31.12.96

Date _____ Full Name in block letters _____ Signature _____

Local Organizer

Claudio Marcocci
Department of Clinical and Experimental Medicine
University of Pisa

email: gio2013@aicgroup.it

The Organizing Secretariat

Aic Asti Incentives & Congressi
Piazza San Uomobono, 30 Pisa Italy
Tel. 050 598808