

XXXI Course on MUSCULOSKELETAL PATHOLOGY April, 16-20, 2018

adaVII 11

REGISTRATION FORM

To fill out on your computer, to save in pdf format and send by e-mail to segreteria@adarteventi.com
or by fax 051/19936170

Deadline to send the registration form: **March 30th, 2018**

All fields are required

TITLE (Dr., Prof.,...) _____

FIRST NAME _____ FAMILY NAME _____

Date of birth _____ Place of birth _____

National Insurance Number (NIN)/CODICE FISCALE (only for italian)*: _____

Graduation _____

Specialization _____

PERSONAL DATA

Address/ City/ Province/ Zipcode/Country _____

Mobile Phone _____ Phone _____ Email _____

PROFESSIONAL DATA

Hospital _____

Department _____ Work position _____

Work Address/ City/ Province/ Zipcode/Country _____

Phone _____ Fax number _____ Email _____

REGISTRATION FEE

REGULAR

€ 600,00 VAT INCLUDED

RESIDENTS with Letter from Chief Dept

€ 450,00 VAT INCLUDED

The registration fee covers:

- admittance to the scientific session and final program
- access to technical exhibition
- refreshments during breaks and n° 4 lunches
- Dinner of Tuesday April 17

Total amount is: € _____

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TERM OF PAYMENT

BANK TRANSFER: in favour of Ad Arte srl (net of bank charges)
Bank: Cassa di Risparmio di Cento - Agency: Filiale di Castel Maggiore (BO), Italy
IBAN: IT42M0611536740000000003861 - SWIFT/BIC Code: CRCEIT2C
*Please indicate your name, surname and **adaVII_11** as reference on your payment*

CREDIT CARD VISA EUROCARD/MASTERCARD CARTA SI'

CARDHOLDER NAME _____ NUMBER _____

Expiration Date _____ / _____ SECURITY CODE _____

SIGNATURE _____

INVOICE DATES

Company _____

First name: _____ Family name: _____

Address: _____

City: _____

Province: _____ Zipcode: _____

Country: _____

National Insurance Number (NIN) / CODICE FISCALE (only for italian person)/VAT*:

ONLY FOR THE ITALIAN: RISERVATO ALLE SOLE PUBBLICHE AMMINISTRAZIONI

Le Pubbliche Amministrazioni per iscrivere i propri dipendenti e poter **usufruire dell'esenzione IVA** - ai sensi dell'art. 10 del DPR 633/72 - come modificato dall'art. 14, comma 10 della legge 24 dicembre 1993, n. 537; e per richiedere **emissione di fattura elettronica** - ai sensi del D.M. 3 aprile 2013 n. 55 - dovranno **inviare in allegato**:

1 dichiarazione contenente i seguenti **dati obbligatori**:

- dati fiscali dell'Ente, Codice univoco, Codice identificativo gara, Codice unico progetti
- nome del dipendente e titolo del congresso e la specifica che il dipendente è autorizzato a frequentare l'evento per aggiornamento professionale
- esenzione applicazione IVA
- dichiarazione di essere soggetti allo split payment

2 **Bonifico bancario (in pdf)**:

Il bonifico bancario dovrà essere effettuato sul seguente conto corrente riservato agli Enti Pubblici:

Ad Arte srl - Banca Carige Ag. 1 Bologna - IBAN: IT92V0617502404000006750780

Causale: Iscrizione Congresso SICP + Nome e Cognome - cod. adaVII_11

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Information according to Legislative Decree 30/06/2003 No. 196 ("Law regarding the protection of personal data"): your personal data provided on this occasion will be processed manually and electronically in order to document your participation in Congresses, Events, Meetings and other Events organized by Ad Arte Srl and treatments arising from legal obligations. They will be communicated to suppliers and third parties involved or participating in the Event, as well as to the competent authorities, in compliance with the law and will be used for sending the periodic Newsletter containing update on the events of your interest organized by Ad Arte. Providing data for such purposes, it is compulsory for your participation in the Congress, the refusal will prevent participation. The data controller is Ad Arte Srl - Via M. D'Azeglio 51 2-40123 Bologna, Italy. You shall have all the rights under Title II of the Legislative Decree 30/06/2003 No. 196. The signature on the forms prepared for Congress (registration form, sponsor and speakers forms, etc.) constitutes acknowledgment of this Notice and the rights set out above, and enables the processing of personal data and the communication for the above purposes.

I Authorize the use of my personal data in accordance with Legislative Decree 196-30 / 06 /2003 on privacy with regard to the information above and authorize Ad Arte to send me the Newsletter.

DATE _____ SIGNATURE _____

Segreteria Organizzativa

AdArte
EVENTI

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