



1st INTERNATIONAL CONFERENCE AND COURSE ON NEUROMUSCULAR ULTRASOUND

Please send the registration form to: email neu-rome@zereoseicongressi.it or fax +39 06 85352882

Surname.....Name.....

Affiliation

Address.....ZIP Code.....

City.....State.....

Ph. Fax E-mail.....

Invoice holder.....

Address

P. IVA Tax Code

REGISTRATION FEES

Participant (*within March 30th*) € 400,00 + IVA 21%

Participant (*from March 31st*) € 500,00 + IVA 21%

Young Doctor (*younger than 35 years – within March 30th*) € 300,00 + IVA 21%

Young Doctor (*younger than 35 years – from March 31st*) € 400,00 + IVA 21%

Attendance at the workshop (*limited number*)

Participation reserved for those who are regularly registered

US-Guided Interventionals € 150,00 + IVA 21%

or

US & Regional Anesthesia € 200,00 + IVA 21%

PAYMENT

° Bank draft issued to Zereoseicongressi c/o Unicredit –

IBAN: IT 27 Z 02008 05324 000400182131 – SWIFT CODE UNCRITM1E46

Transfer reason: please specify the Participant surname and “NEU Rome 2012”.

° On line* at website: www.zereoseicongressi.it “Congressi & Eventi 2012”

° POS* c/o Organizing Secretariat – VISA or Mastercard

Credit card Holder.....

Credit card number..... Expiry date

* To pay by credit card please add 3%.

With reference to the law 196/2003 on the protection of personal data you authorize the processing of data Zereoseicongressi Ltd. personal and sensitive for purposes strictly related to the management of the relationship.

Signature..... Date.....

