

REGISTRATION FORM



Please, complete this form using capital letters and send it to:
EUROCONVENTIONS Via Santa Franca, 60 -29100 Piacenza, Italy
Tel. + 39 0523 335732 Fax + 39 0523 334997

Within May 15th 2009

E-mail: amministrazione@euroconventions.it

This form is also available on the web site: www.esnipc.org

Surname name

Address.....

Zip code City..... Country.....

Phone..... Fax.....

E-mail..... CF

(FOR ITALIAN PARTICIPANTS ONLY)

place and date of birth.....

Invoice information

Surname name

or Agency/Company

Fiscal address

Fiscal Code..... VAT Code

City..... Country.....

Phone/fax e-mail.....

Meeting Registration fees (VAT 20% included)

Please select only one registration fee

DELEGATE

May 21st Daily registration € 100

May 22nd Daily registration € 100

May 23rd Daily registration € 100

Entire Meeting € 270

DELEGATE UNDER 30, STUDENT

May 21st Daily registrationFREE

May 22nd Daily registrationFREE

May 23rd Daily registrationFREE

Entire MeetingFREE

***To apply for the Under 30 and student registration fee, the applicant must be under 30 years old and his/her Registration Form must be sent together with an ID copy*

The registration fee for participants includes: conference kit, coffee breaks and lunches, certificate of attendance, admission to the scientific sessions and the exhibition area, conference badge, Italian/Euro-pean CME credits. Please note CME credits are recognized for participants to the entire Meeting (21 May-22 May-23 May 2009). Daily sessions do not include CME credits.

Invoicing and confirmation of registration

A regular invoice will be sent by Euroconventions as confirmation of registration only after the receipt of the payment together with the registration form.

Entire meeting registration

The registration fee includes: conference kit, coffee breaks and lunches, certificate of attendance, admission to the scientific sessions and the exhibition area, conference badge, Italian CME credits.

Daily meeting registration

The registration fee for participants includes: conference kit, coffee breaks and lunch, certificate of attendance, admission to the scientific sessions and the exhibition area, conference badge.

Cancellations

Any change or cancellation regarding registration fees should be made by writing to EUROCONVENTIONS (fax +39-(0)523.334997 - E-mail: amministrazione@euroconventions.it).

registration form

In case of cancellation received:

- **By April 30, 2009:** The payed amount will be refunded with a deduction of 30% for administrative charge.
- **From May 2nd 2009:** No refund will be allowed for cancellations.
Refunds, if due, will be processed after the congress.

Payment Details

The participant's name must be clearly stated on the bank transfer, cheque or money order, otherwise the Organising Secretariat will be unable to trace and acknowledge the payment.

All payments must be processed in € as follows:

CREDIT CARD TYPE: VISA MASTERCARD AMERICAN EXPRESS CARTASI
(one *must* be selected)

CREDIT CARD NUMBER:

EXPIRATION DATE: _____ / _____ / _____ SECURITY CODE:
DAYMONTH YEAR (MANDATORY)

3 digit code on signature strip of Visa or Mastercard (back) or 4 digit code on front of American Express

CARDHOLDER NAME:

FAMILY NAME:..... FIRST NAME:.....

IF REGISTRANT IS NOT THE CREDIT CARD HOLDER, PLEASE CONFIRM RELATIONSHIP TO REGISTRANT: I hereby authorize EUROCONVENTIONS to debit this credit card with the total amount of € _____ and any subsequent charges (cancellation/handling fees, substitution fees), for (delegate name) _____, in view of his/her participation in the **23rd MEE-
TING OF THE EUROPEAN SOCIETY FOR NONINVASIVE AND PREVENTIVE CARDIOLOGY**

Cardholder's Signature: Date:
(ORIGINAL SIGNATURE REQUIRED, DO NOT TYPE IN NAME)

Bank transfer (free of charge for the recipient) to:
(for domestic bank transfer)

Account name: Euroconventions
Bank: Carisbo
Details: Corso Vittorio Emanuele II-Piacenza
IBAN: IT 92 F063 8512 6031 0000 0006 524

(for international bank transfer)

Account name: Euroconventions
Bank: Carisbo
Details: Corso Vittorio Emanuele II-Piacenza
IBAN: IT92 F063 8512 6031 0000 0006 524
BIC: IBSPIT2B

A copy of the bank transaction has to be sent together with the registration form to EUROCONVENTIONS by fax/e-mail. The sender's full name, address and payment purpose must be clearly stated in the transfer order.

- **By bank cheque** payable to Euroconventions S.r.l. (personal cheques are not accepted), Via Santa Franca, 60 - 29100 Piacenza, Italy

Summary of payments	Meeting registration fee	€
	Meeting registration fee	€
	Meeting registration fee	€

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All data provided in this Registration Form will be kept confidential and not disclosed to any third parties who are not directly involved in the organization of the Congress, not will it be publicized in any other way. I hereby confirm that I have read and understood the registration terms as well as the cancellation/substitution policy, which I accept without any restrictions.

Signature of Registrant: _____ Date: _____
(Original signature is required, DO NOT type in name)