## Registration Form

## 1st World Congress on Office Hysteroscopy and Resectoscopy

Bari (Italy), May 18-21 2011

to be completed in block letters and sent to Centro Italiano Congressi CIC Sud srl - Viale Escrivà, 28 – 70124 Bari Fax +39 080/5043736 email:info@cicsud.it

## **EARLY REGISTRATION DEADLINE: April, 18 2011**

Title	☐ Prof.	Dr.		Mr.	☐ Ms.	
Last name			. First name			
Organization/I	nstitution/Unive	rsity				
Mailing Addre	ess					
City		Province/State				
Country		Postal/Zip code				
Phone			. Fax			
@mail						
INVOICE TO	) (obligatory fie	lds):				
COMPANY/II	NSTITUTION N	IAME AND AD	DRESS			
SOCIAL SECI	URITY and VA	Γ NUMBERS (pl	ease note that if	you have a VAT num	iber vou have to	o deduct 20% VAT
		-		you have a viti han	•	
				the chosen regist		
		April 18, 2011		April 18, 2011 On site		
	Only congress*	Congress** +hands-on day (May 21 <sup>st</sup> )	Only Congress *	Congress** +hands-on day (May 21st)	Only Congress*	Congress** +hands-on day (May 21st)
Participant	<b>□</b> € 450.00	□ € 650.00	□ € 500.00	□ € 700.00	□ € 600.00	□ € 800.00
Resident	<b>□</b> € 250.00	<b>□</b> € 400.00	<b>□</b> € 300.00	□ € 500.00	<b>□</b> € 350.00	□ € 550.00
Social dinner (N	• '		□€		•	
Accompanying (May 19)	person tours	□ TOUR A	□ € ′ □ T(	70.00 <b>DUR B</b>	□ TOUR	C

<sup>\*</sup> Congress registration fee includes welcome reception, participation in the scientific session, kit, lunches and coffee breaks

<sup>\*\*</sup> Congress + hands-on day registration fee includes welcome reception, participation in the scientific session, kit, lunches and coffee breaks

HANDS-ON DAY (May 21st)						
	Before April 18, 2011	After April 18, 2011	On site			
Participant	□ € 300.00	□ € 350.00	<b>□</b> € 400.00			
Resident	<b>□</b> € 200.00	<b>□</b> € 250.00	<b>□</b> € 350.00			

Hands-on day registration fee includes participation in the scientific session, kit, lunch and cooffe break

## **Cancellation Policy**

All cancellations regarding your registration should be submitted in writing to "Centro Italiano Congressi CIC Sud". For cancellations before May 9 2011, 20% of the registration fees is refundable. No refund is due after this date. All refunds will be handled after the congress is over.

		-	
Method of payment Fees should be paid	t to the Organizing Secr	retariat by:	
•	tal amount of	to the following credit card:  MasterCard	
Your signature indi	cates your agreement to	pay the fees with the credit card number pro	ovided below
Name (as it appears	on card):		
Card Number:			
Expiration Date: Mo	onth/ Yea	r:	
Cardholder's signatu	ıre:		
☐ Non-transferab	le bank cheque made	payable and sent to Centro Italiano Congress	si CIC SUD srl.
I enclose my che	eque no	BANK	
	(taly) - IBAN: IT30M0	ressi CIC Sud <b>Banca Popolare del Mezzo</b> 5256040000000000907031	o <b>giorno</b> Via A.
(please make reference	e to HYSTEROSCO	PY 2011 and enclose a copy of your bank trans	fer)
PAYMENT HAS TO	BE MADE WITH THE IN	STRUCTIONS WITHOUT CHARGES TO THE	BENEFICIARY"
Signature		Date	

Pursuant to the Italian Act on privacy no. 196 of June, 30, 2003, I hereby authorize to use my personal data contained herein.