



# TECHNOLOGIES IN PERIPHERAL ARTERIAL OCCLUSIVE DISEASE

Bologna (Italy), 2-3 October 2014

## REGISTRATION FORM

Name		Surname	
Title		Address	
City	Zip	Country	
Phone nr.	Mobile	Fax nr.	
E-mail		Fiscal Code (Italians only)	

### DETAILS FOR INVOICE (ESSENTIAL)

Name of individual or organization	
VAT ID Number/National Insurance Number	
Address	Postal Code City

### REGISTRATION FEE (VAT 22% included)

Physicians: € 146,40  
Nurses and Technicians: € 97,60

The registration fee includes:

- attendance to all scientific sessions
- congress kit
- attendance certificate
- CME credits
- lunch

### CANCELLATION POLICY

All cancellations must be notified in writing to the Organising Secretariat.

Refunds will be processed after the Congress.

Requests for refunds made after the Congress will not be considered.

Refund of registration fees:

- cancellations on or before August 10, 2014: 10% will be withheld
- cancellations between August 11 and September 10, 2014: 30% will be withheld
- cancellations after September 10, 2014: no refund

### PAYMENT METHOD

Payment will be made by Bank Transfer to FC EVENTI srl  
IBAN: IT58G0558402409000000000077  
BBAN: G0558402409000000000077

Bank charges are the responsibility of the payee. Please note that registration will not be effective until payment of the registration fee has been received by the Organising Secretariat.

### ORGANISING SECRETARIAT

**FC EVENTI SRL**

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