

PROFESSIONAL HEALTHCARE

OSS (Health And Social Care Operators)

STUDENT

ACCOMPANYING PERSONS

REGISTRATION FORM

Last Name _____ First Name _____

Institution _____ Department _____

Work Address _____ Zip Code _____ City _____

Country _____ State _____ Phone _____ Cellular _____ Fax _____

E-mail _____

Current position _____ Discipline _____

Place of birth _____ Date of birth _____

C.F.

Home Address _____

Zip Code _____ City _____ Country _____ State _____

Phone _____ Fax _____ E-mail _____

Invoice to: _____

VAT Code/Fiscal Code: _____

DIETARY REQUIREMENTS (Please communicate any dietary requirements (allergies, intolerance, particular diet):

**REGISTRATION FEE (+VAT 22%)
UNTIL FRIDAY 1 MARCH 2019**

PROFESSIONAL HEALTHCARE - OTHER

eur 300,00 + VAT (22%) = eur **366,00**
eur 200,00 + VAT (22%) = eur **244,00**

for those enrolled in the Congress of Podology and Podiatry of 2018

STUDENTS*, OSS AND ACCOMPANYING PERSONS

eur 100,00 + VAT (22%) = eur **122,00**
eur 50,00 + VAT (22%) = eur **61,00**

for those enrolled in the Congress of Podology and Podiatry of 2018

* Only students who are enrolled in a Degree Course in a Faculty of Medicine and Surgery in 2019, who are enrolled in a PhD in a Faculty of Medicine and Surgery in 2019, or those enrolled in 2018 or 2019 in a Master or in an Advanced Course at a Faculty of Medicine and Surgery, are considered as students. The student must still have lectures scheduled in May 2019. It is necessary to show a certificate from the Director of the University School with date 2019.

FROM SATURDAY 2 MARCH 2019 SINGLE FEE eur 600,00 + VAT (22%) = eur 732,00

Bank Transfer

Bank Detail: UniCredit - Corso Italia, 259
80067 Sorrento (NA), ITALY

IBAN: IT 45 F 02008 40261 000105364313

Account name: ITALYMEETING srl

BIC SWIFT Number: UNCRITM162M

Reference: (Delegate Name) PODOLOGY 2019

Payment must be made without charges to the beneficiary, neither cheques nor Eurocheques are accepted

Please send this form to:

ITALYMEETING srl - Via Parsano, 6/b - 80067 SORRENTO (NA)
tel. +39 0818073525 - +39 0818784606 - fax +39 0818071930
info@italymeeting.it - info@congressomondialepodologia.it

In compliance with the European General Data Protection Regulation (UE 2016/679) , I hereby authorize you to use and process my personal details contained in this document.

Date Signature

(Italymeeting srl privacy policy is available on the website www.italymeeting.it)