

PRESENTATION

PAPER

POSTER

METHODOLOGY AND PRACTICE
PODIATRY CONGRESS BIOMECHANICS
AND PATHOMECHANICS OF THE LOWER LIMB

NAPLES 27th - 29th APRIL 2018

Palazzo dei Congressi Napoli - Molo Angioino Stazione Marittima

PROFESSIONAL HEALTHCARE

OTHER

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 30th MARCH 2018 BEFORE 12:00 p.m.

PROFESSIONAL HEALTHCARE - OTHER

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

eur 150,00 + VAT (22%) = eur 183,00

for those who attended the World Congress held on April 2017 in Naples, or the SIPEP Congress on February 2018, or the Master of Biomechanics and Orthopaedics and Podiatry congress organised by the University of Florence / Università degli Studi di Firenze.

STUDENTS AND ACCOMPANYING PERSONS

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

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

for the students who attended the World Congress held on April 2017 in Naples, or the SIPEP Congress on February 2018.

FROM SATURDAY 31st 2018 SINGLE FEE eur 600,00 + VAT (22%) = eur 732,00

Bank Transfer

Bank Detail: UniCredit - Corso Italia, 259
80067 Sorrento (NA), ITALY
IBAN: IT 05 G 02008 40261 000003932981
Account name: ITALYMEETING srl
BIC SWIFT Number: UNCRITM162M
Reference: (Delegate Name) PODIATRY 2018

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 Italian legislative Decree no. 196 dated 30/06/2003, I hereby authorize ITALYMEETING srl to use and process my personal details contained in this document.

Date _____ Signature _____