



ATIV TRAINING COURSE Parma University, November 08th 2019

REGISTRATION FORM

PARTICIPANT Prof./Dr./Mr./Mrs.

Family name _____ First name _____

Sex M F Birth date _____ State (city if Italian) _____

Affiliation _____ (ex., "University of London" or "Private Practice")

Address _____

ZIP Code _____ City _____ County/Province _____

State _____ Mobile _____

Phone _____ Fax _____

E-mail _____ @ _____

Please invoice to:

Heading _____

Address _____

Zip code _____ Town _____ Country _____

Vat number

Fiscal code (compulsory only for Italian participants)

CU _____ PEC _____

(the invoice will be also sent via PDF to this e-mail address as courtesy copy not valid for tax purposes)

Please send the invoice by e-mail to _____ @ _____

No invoice will be issued in case of missing or unreadable data. No invoice will be re-issued or modified in the heading details in case of mistake or incomplete data by the participant.

REGISTRATION FEES in Euro
VAT RATE CALCULATED ON THE BASIS OF THE CURRENT TAXATION UPON PAYMENT SETTLEMENT – at present 22%

Registration Fees	EARLY REGISTRATION within November, 7th	ON SITE
Course - ATIV Members	<input type="checkbox"/> € 200,00 + VAT 22%	<input type="checkbox"/> € 300,00 + VAT 22%
Course - NON Member	<input type="checkbox"/> € 300,00 + VAT 22%	<input type="checkbox"/> € 400,00 + VAT 22%

The full registration fee includes:

access to all sessions, buffet lunch, conference kit, certificate of attendance per email after the congress





PAYMENT

The payment for a TOTAL of Euro is made by:

CREDIT CARD

I authorize the charge of € _____ for the registration fee on the following credit card: VISA Mastercard

Card Holder _____ n°

Expiry date ____/____ CV2 code _____ (indicated in the back side of the card and corresponds to the three last numbers in the space of the holder signature)

BANK TRANSFER

MEDICINA VIVA SPA	INTESA SANPAOLO - VIA GRAMSCI 6A - PARMA	IT35 S030 6912 7431 0000 0005 662
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Date _____

Signature _____

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