



REGISTRATION FORM

EUTEMPE-RX

High dose X-ray procedures in Interventional Radiology and Cardiology: establishment of robust protocols for patient and staff dose

2018, 25-29th June

UDINE - Italy

Send registration form together with copy of payment within **2018, MAY 20TH** to the Organising Secretariat to the following address: info@mdstudiocongressi.com or by fax to +39 0432 507533. Confirmation of participation will be provided only via e-mail to the e-mail address put in the registration form. **Registrations will be accepted and confirmed in order of arrival up to the maximum of 20 Participants.**

Personal data

Last Name First Name

Place of birth (City and Prov.) Country

Date of birth

Fiscal code (Italian Participants)

Personal Address (residence)

Postal code City Prov. Country

Phone: Fax: Mobile:

E-mail: (necessary for confirmation)

Working data

Hospital affiliation

Unit

Role

Business address

Postal code / City / Province Country

Date

Signature

PERSONAL DATA PROTECTION

Accordingly to Italian D.Lgs. 196/03, personal data will be processed by MD STUDIO CONGRESSI S.N.C. DI DELLAPIETRA MARINA, Udine (Italy) Via Roma, 8. The Responsible of data processing is Dellapietra Marina. The processing will be done manually or electronically, and the person concerned can oppose to the treatment or change personal datas at any time. More information can be found on MD STUDIO CONGRESSI SNC website. I Authorize MD STUDIO CONGRESSI Snc to use my personal data for educational purpose only.

Date Signature



REGISTRATION FEE

PARTICIPANTS	
Participant (VAT included)	Euro 600,00 <input type="checkbox"/>

Registration fee includes: Conference kit, Admission to scientific sessions, Certificate of attendance, Coffee breaks and Light lunch (each day), VAT.

METHOD OF PAYMENT

Payments shall be made in Euro (€) by bank transfer. No other currencies will be accepted. **All bank fees and money transfer costs must be paid by the participant.**

Information for the bank transfer

BANCATER CREDITO COOPERATIVO FVG

FILIALE DI BASILIANO

IBAN: IT 30 B 08631 63661 000000128080

SWIFT CODE: RUAMIT22XXX

ACCOUNT NAME: MD STUDIO CONGRESSI SNC

Via Roma, 8 – 33100 Udine - ITALY

DESCRIPTION: First and Last Name – EUTEMPE-RX COURSE – Italy - June 2018

CONFIRMATION, CHANGES, CANCELLATIONS, REFUNDS

The full payment is required in order to confirm your registration. All cancellations must be made sending an e-mail to marina.dellapietra@mdstudiocongressi.com

For all notifications of cancellation, it is necessary to make a reference to bank account, including Swift code

The cancellation will be charged according to the following schedule:

Days prior to June 25th, 2018 Cancellation fee:

- 30 to 15 days 50% of total price
- 14 to 0 days 100% of total price
- No show 100% of total price

Refunds will be carried out after the end of the Course.

INVOICE DATA

Invoice should be headed to

Tax domicile

Address

Postal code City Country

If you are a freelance please write your VAT Number