

# Registration Form

## PERSONAL DETAILS

Title:  Prof.  Dr.  Mr.  Mrs.

Family name \_\_\_\_\_ First name \_\_\_\_\_

Specialty \_\_\_\_\_

Institution/Company \_\_\_\_\_ Dept. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

E-mail \_\_\_\_\_

CF/P.IVA (only for Italian participants) \_\_\_\_\_

## INVOICING DETAILS *(if different from personal details)*

Title:  Prof.  Dr.  Mr.  Mrs.

Family name \_\_\_\_\_ First name \_\_\_\_\_

Specialty \_\_\_\_\_

Institution/Company \_\_\_\_\_ Dept. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

E-mail \_\_\_\_\_

CF/P.IVA (only for Italian participants) \_\_\_\_\_



# Hypospadias

SIUP Course

Bologna - Italy, May 12-13, 2014

# Hypospadias SIUP Course

Bologna - Italy May 12-13, 2014



## Registration

The registration fee is Eur 305.00 (VAT inclusive, 22% in Italy)  
The Course is restricted to 40 participants. For the first 20 SIUP members (in compliance with the payment of SIUP membership) the Course will be free of charge.  
Please send the registration form to [m.gorgoglione@planning.it](mailto:m.gorgoglione@planning.it).

## Method of payment

Payment shall be made by credit card (Mastercard or VISA) by April 11<sup>th</sup>, 2014.

A confirmation email for the registration will be sent after the payment.

### Registration Fee includes:

- Access to scientific sessions
- Lunches and coffee breaks on all the days of the meeting
- Course materials (congress bag, scientific programme)
- Certificate of Attendance, CME / EACCME Certificate
- 22% Italian VAT

Payment with credit card     VISA     Mastercard

Card no.: \_\_\_\_\_

CVV2 (secure code: last 3 digits on the back of the card) \_\_\_\_\_

Expiration date \_\_\_\_\_

Full name (as on card) \_\_\_\_\_

I authorize Planning Congressi  
to charge on my credit card the total amount € \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

- Please note that registrations can only be accepted and confirmed upon receipt of the completed registration form.

## Organizing Secretariat

WE DRIVE YOUR EDUCATION

## PLANNING

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