□ MALE □ FEMALE

DATE ____/___/

REGISTRATION FORM PARTICIPANT

FAMILY NAME		FIRST NAME	
AFFILIATION			
ADDRESS			
POST CODECITY		COUNTRY	
E-MAIL	P	HFAX	
FISCAL CODE OR VAT NUMBER_			
REGISTRATION FEES (in Euro) 1st Surgical Week	13-17 April 2015 Naples ,Italy		
IFSO Member	□ € 2.125,00	IFSO Non Member	□ € 2.500,00
	programme; 5 nights	in a four stars hotel (12-17 April); daily tra e breaks, light lunches and dinners; attend	
		d you wish to stay more nights please e of roomsingle ordouble occ	
081664372 or e-mail derosa@mc of the bank transfer of the total ar	mcongressi.it before A mount of the registrati	returned to the Organizing Secretariat: April 1 st 2015, together with the credit car on fee in euro. Registrations will be confir stration Fees are not refundable for any rea	d authorization or copy med by the Organizing
PAYMENTS			
BY CREDIT CARD: I AUTHORIZE TO CHAR.		☐ MASTER CARD ☐ VISA ☐ AN	IEX
THE TOTAL AMOUNT OF EURO/			
CARD NUMBER:///	!!!	<u> </u>	
EXPIRATION date (mm/yy):/	CARDHOLDER		
SIGNATURE		Date//	
□ By Bank Transfer: To MCM SRL IBAN: IT74G 06230 03535 0000 63346		– NAPLES IT; BANK CARIPARMA, VIA CHIAIA 109/ P IT 2P 586.	110 NAPLES (IT)
All bank transfer payments must be surname of the registered person.	e made in Euro and r	marked with the code SW (Surgical Week)	followed by name and
INVOICING			
The invoice of the registration wil named and addressed to another		srl. to the subject as indicated above. In a e it below:	case invoice should be
Following the provision of Italian Law		wish to inform you that the personal data provid	ed in this form will be

SIGNATURE___