LAPAROSCOPIC SURGICAL WEEK
1st 3D Live Surgery Workshop on *Revisional* Bariatric and Metabolic Surgery
13-17 April 2015
Naples, Italy

REGISTRATION FORM PARTICIPANT

☐ MALE ☐ FEMALE

FAMILY NAME_____FIRST NAME_____

AFFILIATION_____

ADDRESS_____

POST CODE_____CITY_____COUNTRY_____

E-MAIL_____PH. _____ FAX_____

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

REGISTRATION FEES INCLUDE:

Admission to the entire Scientific programme; 5 nights in a four stars hotel (12-17 April); daily transfer from the hotel to the workshop locations; Get together "pizza", daily coffee breaks, light lunches and dinners; attendance certificate.

HOTEL RESERVATION

5 nights are included in the registration fee. Should you wish to stay more nights please indicate the date of arrival_____ and departure _____ and the type of room ____single or ____double occupancy. We'll confirm availability and rate/night.

CONFIRMATION AND POLICY

The registration form has to be clearly filled in and returned to the Organizing Secretariat: MCM Srl by fax +39 081664372 or e-mail derosa@mcmcongressi.it before April 1st 2015, together with the credit card authorization or copy of the bank transfer of the total amount of the registration fee in euro. Registrations will be confirmed by the Organizing Secretariat on the "first come first served basis" – Registration Fees are not refundable for any reasons.

PAYMENTS

BY CREDIT CARD: I AUTHORIZE TO CHARGE MY CREDIT CARD ☐ MASTER CARD ☐ VISA ☐ AMEX

THE TOTAL AMOUNT OF EURO ___/___/___/___//00

CARD NUMBER: ___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/

EXPIRATION date (mm/yy): ___/___/ CARDHOLDER_____

SIGNATURE_____ DATE ___/___/_____/

☐ **BY BANK TRANSFER:** TO MCM SRL VIA RIONE SIRIGNANO 5 – NAPLES IT; BANK CARIPARMA , VIA CHIAIA 109/110 NAPLES (IT)

IBAN: IT74G 06230 03535 0000 63346465 – **SWIFT CODE :** CRPP IT 2P 586.

All bank transfer payments must be made in Euro and marked with the code SW (Surgical Week) followed by name and surname of the registered person.

INVOICING

The invoice of the registration will be issued by MCM srl. to the subject as indicated above. In case invoice should be named and addressed to another subject please indicate it below:

_____

_____

Following the provision of Italian Law 196/2003 the organizers wish to inform you that the personal data provided in this form will be used exclusively for information about the event mentioned in this form.

SIGNATURE_____ DATE ___/___/_____/