

ROME BREAST SYMPOSIUM BRANDED EVENT 2019 “4i” Video Course: International, Instructional, Intensive & Interactive

Rome

June 12th: from 08.30 to 18.30

June 13th: from 08.30 to 18.30

Send back to Organizing Secretariat: ALFA FCM Srl

Via Paolo Emilio 10, 00192 Rome - Italy

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PERSONAL INFORMATION

All Field are required for Italian CME Credits

Name _____ Surname _____

Complete Address _____

Telephone _____ Mobile _____

E-mail address _____

Professional Occupation _____

Specialization _____

Organization _____

ENVOY'S DATA

If different from the Anagraphic Data

Name of Company/Organization _____

Fiscal Address _____ Zip Code _____

City _____ State _____

VAT Number _____

REGISTRATION FEES

Early Registration: until 31st March 2019

Late Registration: from 1st April 2019 until 6th June 2019

REGISTRATION FORM

EARLY REGISTRATION FEES:

2 Days (Aesthetic and Reconstructive): € 400,00

1 Day (Aesthetic OR Reconstructive): € 300,00

LATE REGISTRATION FEES:

2 Days (Aesthetic and Reconstructive): € 500,00

1 Day (Aesthetic OR Reconstructive): € 350,00

Please specify in case of registration to 1 day only:

Aesthetic Reconstructive

* **All Registration Fees include Taxes**

** **On Site Registration – no Credit Cards accepted**

REGISTRATION INCLUDES

▪ Badge ▪ Congress kit ▪ Congress participation ▪ Coffee break, Coffee Point and Lunch included in the Program ▪ Participation Degree

PAYMENT

Bank Transfer

C/C di Banca del Fucino, Sede di Roma (Via Tomacelli 106 – Roma)

Intested to: Alfa FCM Srl

IBAN: IT 34 P 03124 03210 000 000 237 335

BIC/ SWIFT CODE: BAFUITRRXXX

CAUSE: NAME AND LAST NAME OF THE PARTICIPANT - RBS 2019 REGISTRATION

IMPORTANT:

- ⇒ SEND A COPY OF THE PAYMENT TO THE ORGANIZING SECRETARIAT VIA FAX OR E-MAIL
- ⇒ BANK CHARGES WILL BE PAIED BY THE CLIENT, THE ORGANIZING SECRETARIAT WILL RECEIVE THE TOTAL AMOUNT REQUIRED FOR THE REGISTRATION WITHOUT CHARGES SUBTRACTIONS
- ⇒ ATTENTION: REGISTRATION FORMS WITHOUT COPY OF THE PAYMENT ATTACHED, WILL BE NOT CONSIDERED
- ⇒ IN ORDER TO CARRY OUT WITH A CORRECT REGISTRATION, PAY ATTENTION TO THE RIGHT FORM OF THE CAUSE SHOWED ABOVE

The undersigned authorizes Alfa FCM Srl to use all my data according to the Italian law

Information about the article . 13 Legislative Decree no. 196/2003 : its personal data provided on this occasion will be processed manually and electronically , in order to document his participation in the event and treatments derived from legal obligations. They will be communicated to suppliers of services relating to the event for the formalities relating to the organization of the same . The provision of data for these purposes is mandatory and essential for its participation in the event. The owner of the data is the Alfa FCM Srl . To her all the rights provided by art . 7 T.U. Having read the above I give my consent for the treatment of my personal data and their communication to the above purposes.

Place _____

Date _____

Signature _____