

REGISTRATION FORM

5th Ocular Oncology Day

Siena, December 2nd-3rd 2016

*Surname _____ *Name _____

*Date and Place of Birth _____

*Mob _____ *Email _____

*NIN (Tax Code or VAT Number) _____

*Address _____

*Qualification _____

*Profession _____

Registration Fee 183,00€

Registration must be paid by bank transfer to:

Bank Holder: Formazione ed Eventi srl

Bank name: Unicredit Banca di Roma

IBAN: IT 88 F 02008 05030 000401320851

Swift code: UNCRITM1B97

ABI 02008 CAB 05030 CIN F

Please indicate on the bank transfer description your name, surname and event title, date and place.

Invoice dates:

Header: _____

NIN (Tax Code or VAT Number): _____

Address: _____

***P. S. Fill up the "Registration Form" and send it by fax at this number: [00390687192213](tel:00390687192213)
or by email at eventi@formazionedeventisrl.it, together with the copy of your bank transfer.***

*I authorise the use of my personal data pursuant to the Personal Data Protection Code Legislative Decree n. 196/2003.

Yes

No

Date _____ Signature _____