

# International Breast Ultrasound Course

*Multimodality Imaging & Interventional Techniques*

**"Hands-on" practical workshops, lectures, interactive presentations**

## Registration Form

**ENTIRE COURSE: 6 Days, September 1-6, 2008**

**Euro 1.300 (VAT 20% included)**

**INTRODUCTORY LEVEL: 2 Days, September 1-2, 2008**

**Euro 600 (VAT 20% included)**

**ADVANCED LEVEL: 4 Days, September 3-6, 2008**

**Euro 1.000 (VAT 20% included)**

Course registration fee includes comprehensive course materials, CME certificates\*, lunches and refreshments.

\* **important NOTES:** In accordance with the rules of the Italian Ministry of Health, CME certificates will be given only to participants who attend the ENTIRE COURSE (September 1-6, 2008).

## Cancellation

**Cancellation must be notified to the Administrative Secretariat**

**Registration Fee will be refunded as follows:**

**EURO 1.000 before July 31, 2008**

**No refunds will be made after July 31, 2008.**

## How to Register

**To register:**

- Please use one registration form per person.
- Please print or type the registration form, fill out completely and return it signed **BY FAX or MAIL** together with a copy of your payment to the Administrative Secretariat:

**CONSORZIO FERRARA RICERCHE, Italy**

**Fax +39 0532 767347**

**E-mail: [convegni@unife.it](mailto:convegni@unife.it)**

**IMPORTANT!!! DEADLINE FOR REGISTRATION July 31st 2008**

The confirmation of the registration will be notified by e-mail after the receipt of the copy of the payment. Registration will only be processed after the receipt of the copy of the payment.

# International Breast Ultrasound Course

## *Multimodality Imaging & Interventional Techniques*

"Hands-on" practical workshops, lectures, interactive presentations

### Registration Form

#### Personal Data

Family Name

.....

First Name

.....

Date and Place of Birth

.....

Fiscal Code (for Italian people)

.....

Address of Residence

.....

Zip Code

City

Country

.....

Phone

Fax

E-mail

.....

Profession

.....

Affiliation/Organization

.....

#### Invoice Data

Do you want to invoice your organization/institution?

Yes

No

If yes, please address the invoice to:

Organization/Institution

.....

Address

.....

Zip Code

City

Country

.....

Fiscal Code

.....

VAT number

.....

Purchase order

.....

## Method of Payment

**IMPORTANT NOTES:** Payment must be made in Euros only. Registration must be accompanied by the full payment. This form must be sent to the Administrative Secretariat along with the payment made out to:

**BANK TRANSFER TO:**

**CONSORZIO FERRARA RICERCHE**

c/c n.1326114

c/o Unicredit Private

Via Frizzi 21 - 44100 - Ferrara, Italy

**CIN code: I - ABI code: 03223 - CAB code: 13000**

**IBAN: IT 13 I 03223 13000 000001326114**

**SWIFT/BIC: UNCRIT2T**

**Ref. W/SPO/DRN/03/08**

**CREDIT CARD:**

**Master/Eurocard**

**Visa**

Cardholder's Name

Card Number:

Expiration Date:

Signature:

**I authorize my credit card to be debited for the amount of €**

## Accommodation

Hotel bookings will be made directly by the Administrative Secretariat upon request made on this form. The name and address of the hotel will be communicated shortly before the date of the Course. Accommodation is in a 3 or 4 star hotel, with breakfast included. Hotel payment is the responsibility of participants and shall be made directly to the hotel upon departure. The credit card number must be provided in order to confirm the hotel booking. In case of a cancellation, please inform the Administrative Secretariat before July 31, 2008. If later, one night's accommodation will be charged to the credit card according to the hotel cancellation policy.

**PLEASE SPECIFY:**

**Arrival Date** \_\_\_\_\_ **Departure Date** \_\_\_\_\_ **Number of nights** \_\_\_\_\_

**Type of Room:**

**Single**

**Double**

**Double Single Use**

**Hotel Category:**

**3 star**

**4 star**

**CREDIT CARD:**

**Master/Eurocard**

**Visa**

**American Express**

**Other (Specify .....**)

Cardholder's Name

Card Number:

Expiration Date:

Signature:

## Note to the Secretariat

If you have any special requirements (food restrictions, special accommodation for persons with disabilities) please write a short note here.

**We inform you as stated by art. 13 D.lgs. 196/03:** Personally identifiable information is used for the purpose of participation at the course. You can choose to let us collect your data or not, but if you don't, participation to the course is not possible. Data will be used also with electronic devices and may be used for administrative, fiscal and/or commercial activity. We will not pass data to unauthorized third parties. Responsibility for the use of data is C.F.R., Via Saragat, c.n. 1, 44100, Ferrara (FE). You should act for your right as stated in art. 7, by sending an e-mail to cfr@unife.it.

**Signature certifies you have read and agree to the statement above.**

Date.....Signature.....