

INTERNATIONAL **SUMMER SCHOOL**

Transnasal Endoscopic Surgery: **from sinuses to skull base**

JUNE 24 | 28 2019

REGISTRATION FORM

Please fill in this form and send to the Organizing Secretariat within May 24th via fax or e-mail, along with the payment. Fax +39.035.237852 e-mail k.gissi@servizec.it

First name (s)

Surname

Date of birth Birthplace

Profession

Discipline

Ph. number Mobile

E-mail address

Home address

Zip code City Country

Institute/Hospital

Department

Work address

Zip code City Country

Pursuant to *European General Data Protection Regulation 2016/679* on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, Servizi C.E.C. s.r.l. - Via Verdi, 18 - 24121 Bergamo - Italy - is responsible for the processing and collection of personal data. You are free to confirm or deny this right but these data are necessary to supply the services required. You may address Servizi C.E.C. s.r.l. for the treatment and exert your rights pursuant to *GDPR 2016/679* (access, correction, cancellation, etc.).

Date Signature

REGISTRATION FEE

Full course € 2.440,00 VAT 22% included

Surgical team (otolaryngologist and neurosurgeon) € 2.196,00 VAT 22% included

Observers € 976,00 VAT 22% included

The full and the surgical team course fees include entrance to the course, course material, certificate of attendance, coffee and tea breaks, lunches and social dinner.

The observer fee includes entrance to the course with observation of the hands-on phase in the anatomy laboratory, attendance of the live surgery section, certificate of attendance, coffee and tea breaks, lunches and social dinner.



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HOW TO PAY

BANK TRANSFER

Please fax a copy of the bank transfer to the Organizing Secretariat.

Account name: SERVIZI C.E.C. Srl – Bank name: BANCO BPM

IBAN code: IT 17 Y 05034 11121 000 000 000 049 Swift code: BAPPIT21AA1

CREDIT CARD

Please fill in every line (write in capital letters), sign it and fax it to the Organizing Secretariat.

VISA Mastercard **Cardholder's name**

Card number

Valid from (day/month/year) **to**

I authorize Servizi C.E.C. Srl to deduct the fee from my credit card

Signature

INVOICE

Headed to

Address

Zip code **City** **Country**

*C.F. P.I.

**TIN (Taxpayer Identification Number)

***ITIN (Individual Taxpayer Identification Number)

(*) Italy (**) Europe (***) USA

PLEASE NOTE

- Only after receiving the payment and processing the request, the Organizing Secretariat will send you a confirmation letter in order to confirm your registration.
- Bank charges are responsibility of the participant and should be paid at source in addition to the registration fee
- Registration fee include VAT taxes
- Only Euro (€) are accepted
- Requests by phone are not accepted

Refund policy

- Cancellations received within the registration deadline (May 24th): 70% refund.
- Cancellations received beyond the registration deadline: no refund. The name of the participants can be changed within seven days prior to the course.

I accept these conditions.