Please use CAPITAL letters when completing this form Please save a copy of this document for your own record

| REGISTRATION | ☐ Prof ☐ Dr | □ Mr | ☐ Mrs | □ Ms | | Gender: [| ☐ Male ☐ Female | | | |
|---------------|---|--|--|----------|------------------------------------|--------------|-----------------|---|--|--|
| | Last name: | First name(s): | | | | Nationality: | | | | |
| | Date of birth: | Place of birth: | | | | Country: | | | | |
| | Address: | City: | | | Postal code: | Country: | | | | |
| | Mobile (compulsory): | E-mail (compulsory): | | | | FAX: | | | | |
| | Medical Specialty: | | Food intolerance/Special food needs (please sp | | | | ecify): | | | |
| | VISA needed - Please send me Invitation Letter within: / / (Passport copy required) | | | | | | | | | |
| ACCOMMODATION | Arrival Date: | ival Date: Departure | | | ure date: N. of night (EFIC Grant | | | ts: t/Registration Fee covers only 4 nights) | | |
| | HOTEL 4* - Bergamo | IF YOU'RE SHARING THE ROOM WITH ANOTHER PARTICIPANT YOU WILL NOT PAY ANY EXTRA-CHARGE. (City tax included) *Extra-charge for single room: € 55.00 per night **Accompanying Person in twin/double room B&B: € 65.00 per night Last Name: First Name(s): Phone: Extra nights in addition to 4 nights covered by the EFIC Grant/Registration Fee: Single Room: € 110.00 per night - Double Room: € 130.00 per night per room | | | | | | | | |
| | □ Single room B&B* □ Double room B&B | | | | | | | | | |
| INVOICING TO | Complete Name or Company Name: | | | | | | | | | |
| | Address: | | City: | | Postal code: | | Country: | | | |
| | Date of birth: | ace of birth: | | | | C | Country: | | | |
| | Mobile (compulsory): | E-n | nail (compi | ulsory): | | | F | FAX: | | |
| | VAT CODE: | | | | | | | | | |

| PAYMENT METHOD | REGISTRATION FEE | | | □ EFIC Grant □ Registration Fee 1.200,00€* *All costs are in Euro, VAT free (for Participants and Companies). Fee includes certificate of attendance, EACCME, coffee | | | | | | | |
|--|------------------|---|---|---|------------------------|------------------|---|-------------------------------|---------|--|--|
| All payments must be in EURO only and made payable to Defoe by using one of the following methods: | | | | breaks, lunches and dinners, accommodation. | | | | | | | |
| | ☐ Bank Transfer | | | □ Credit Card* | | | | | | | |
| | DEFOE S.r.l. | | | Kind of card: | | | Last name: | | | First name(s): | |
| Bank: CARIPAI BBAN: E 06230 | | 614000040340765 3012 6140 0004 0340 765 | | Credit card number: | | | Expiry date (month/year): | | | Security code (last 3 numbers listed on the back): | |
| | | | * We will charge the amount on your credit card only after we receive your authorization and confirmation of the reservation. | | | | | | | | |
| TRANSPORTATION INFORMATION | ARRIVAL | □ by car □ by train □ by plane □ others (please specify) | | | | | | | | | |
| | | Expected date and time of arrival at the hotel in Bergamo* | | | | | | | | | |
| | | * NO TRANSFER will be provided on arrival day. Please let us know your arrival time in order to organize the welcome reception at best. | | | | | | | | | |
| | DEPARTURE | □ by car □ by train □ by plane □ others (please specify) | | | | | | | | | |
| | | | Date | | Airport/Station | Time | N° flight - Terminal Directed | | Company | | |
| | | Flight/ train details**: | | | | | | | | | |
| | | Accompanying per | rson(s) | |] YES | □ NO | | | | | |
| | | International Airpor | t, according PM at least | g to your | travel plans. Please s | give us your tra | lessons (on Thursday, 8 th vel details to organize this see the "Vademecum of po | s service. <mark>Pleas</mark> | e book | your flights/trains | |

defe