

CNAO-NIRS 2nd Joint Symposium on Hadrontherapy
Pavia, 20-21 marzo 2010

REGISTRATION FORM

Please complete the form and return by fax or e-mail to the Organizing Secretariat O.I.C. Srl – Florence Office
reservations@oic.it - Tel. +39 055 50351 - Fax +39 055 5035230
not later than March 5th, 2010

Family Name _____ First Name _____

* Invoicing Address _____

* Zip Code _____ *City _____ *Country _____

*Fiscal/VAT code (if applicable) _____

Phone _____ Fax _____ *E-mail _____

Institute/Company _____ City _____

* (compulsory information)

REGISTRATION FEE

The registration is free. The number of seats available is limited to 200.
The registration includes:

- admission to scientific sessions
- final programme
- badge and certificate of attendance
- working lunches and coffee breaks
- congress bags with pads and pens

I will attend on 20 March

I will attend on 21 March

VISIT TO THE CNAO

On 21st March it will be organized a visit to the CNAO.

At the end of the scientific sessions, after the lunch, it will be available a transfer service from the Congress Venue to the CNAO and return for those who requested it.

I will take the transfer service

I will NOT take the transfer service

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HOTEL ACCOMMODATION

In case of hotel accommodation request, please complete this form and return it to the
Organizing Secretariat OIC Srl- Florence Office reservations@oic.it
not later than March 10th, 2010.

HOTEL: The indicated rates are per room and include overnight stay, breakfast, service and VAT	Price per night	Nr. of nights	TOTAL
HOTEL MODERNO (4*)			
<input type="checkbox"/> double room for single use € 118,00	€ _____	_____	€ _____
<input type="checkbox"/> double room € 133,00			
HOTEL ROSENGARTEN (3*)			
<input type="checkbox"/> double room for single use € 85,00	€ _____	_____	€ _____
<input type="checkbox"/> double room € 90,00			
Booking fee			€ 20,00
TOTAL			€ _____

N° _____ double room/s for single use

N° _____ double room/s

Arrival date _____ March 2010

Departure date _____ March 2010

Summary: **TOTAL Hotel accommodation (including € 20,00 booking fee)** € _____,00

PAYMENT

Credit Card: VISA MASTERCARD AMERICAN EXPRESS

Card N° _____ Expiry date _____

Cardholder's name _____

Security code _____ (last 3 digits on the back of the card for VISA/MASTERCARD only)

Security code _____ (last 4 digits on the front of the card for AMERICAN EXPRESS only)

Bank transfer:

OIC WAY Srl - Cassa di Risparmio di Firenze - Agenzia 1
Viale Matteotti 20/r - 50132 Firenze
IBAN: IT2300616002801000012862C00 - Swift/BIC: CRFiiT3F

A copy of the bank transaction has to be sent together with the registration and accommodation form to OIC Srl by fax or e-mail.
The sender's full name and address must be clearly stated in the transfer order as well as the payment purposes.

Please send me a copy of the invoice: **by email as a PDF file only** -or- **hard copy to my postal address**

ATTENTION:

Hotel accommodation booking can be considered valid only after having received the payment. Forms without proof of payment will not be processed.

According to Law 196/03, OIC Srl and OIC WAY Srl are authorized to use my personal data for purposes connected to the congress management. By signing this form I accept the Cancellation and Payment conditions stated in the congress website.

Date _____

Signature _____