

REGISTRATION AND HOTEL ACCOMMODATION FORM

Please fill in (complete in block capitals) and return to:
MCM Srl – Rione Sirignano 5 – 80121 NAPOLI (Italy)
Ph. +39 081 668774; Fax +39 081 664372
e-mail: info@mcmcongressi.it

PARTICIPANT

MALE FEMALE

FAMILY NAME

FIRST NAME

AFFILIATION

ADDRESS

POST CODE

CITY

COUNTRY

E-MAIL

PH.

FAX

FISCAL CODE OR VAT NUMBER:

PRESIDENTS

MARCO ANSELMINO
PAOLO BERNANTE

SCIENTIFIC COMMITTEE

LUIGI ANGRISANI
MARCO ANSELMINO
PAOLO BERNANTE
MARCELLO LUCCHESI

ORGANIZING SECRETARIAT

mcm
EVENTI CONGRESSI VIAGGI

Rione Sirignano, 5 - 80121 Napoli - Italy
ph. +39 081 7611085 - fax 081 664372
panico@mcmcongressi.it - www.mcmcongressi.it

1. REGISTRATION FEE (in Euro)

	registration by October 6, 2013
SICOB MEMBER	€ 175,00 <input type="checkbox"/>

Please note that registration fee include VAT 21% as per Italian Law.

Subtotal 1 € _____

2. HOTEL RESERVATION (to be filled in and sent before September 20, 2013)

Selected Hotels:	single room	double room
Radisson Blu****	€ 200,00 <input type="checkbox"/>	€ 225,00 <input type="checkbox"/>
Eurostars Saint John****	€ 159,00 <input type="checkbox"/>	€ 169,00 <input type="checkbox"/>

Arrival date _____ Departure date _____ n° of nights _____

Late arrival (after 6 p.m.)

Total amount € _____

+ Agency fee for hotel reservation **€ 15,00**

Subtotal 2 € _____

TOTAL € _____

PAYMENTS

All payments must be made in € (Euro) and addressed to: MCM Srl and marked with the code DECISION MAKING 2013 + name and surname of the registered person.

Bank Transfer (Euro _____) to "MCM srl"

Account holder: "MCM srl"

Bank: Banca Cariparma, Agency 586, via Chiaia, 110 – 80121 Napoli (Italy)

Account #: 000063346465; SWIFT code: CRPPIT2P586

IBAN code: IT74G0623003535000063346465

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Certification of payment made by Bank Transfer must be mailed or faxed along with the registration form. Please note that all bank charges must be covered by the sender.

Credit Card Please charge this Mastercard Visa the sum of Euro _____

Card Number _____ Expiration date: _____

Cardholder _____

Date _____ Signature _____

INVOICING

The invoice for the Hotel expenses, including the deposit, will be issued directly by the Hotels at the end of your stay. The invoice registration and hotel accommodation will be issued by MCM srl. The invoice will be released to the subject indicated above. In case invoice should be named and addressed to another subject please indicate it below:

CONDITIONS

By sending this form I agree with the terms and conditions of payment and cancellations stated on the general information of the congress.

Following the provision of Italian Law 196/2003 the organizers wish to inform you that the personal data provided in this form will be used exclusively for information about the event mentioned in this form.

Date _____

Signature _____

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