

INTERNATIONAL CONFERENCE ON HEALTH CARE SYSTEMS ENGINEERING

MILANO, MAY 22ND – 24TH, 2013

PLEASE COMPLETE AND RETURN THE ENTIRE FORM TO:
San Raffaele Congress Centre
Fax +39 02 2643 3754 – e-mail grassi.stefania@hsr.it

Surname _____ Name _____

Institute _____

Institute Address _____

City _____ Country _____ Postal Code _____

E-mail _____ Phone _____ Fax _____

ADDITIONAL INFORMATION

Hotel Accommodation

☐ Please specify the name _____

Special diet requirements

- ☐ None
☐ Vegetarian
☐ Other (please specify) _____

INVOICE DATA (COMPULSORY)

Heading of the invoice _____

Fiscal address _____

City _____ Country _____ Postal Code _____

Fiscal Code (only for Italians) _____

VAT Nr. _____

REGISTRATIONS (PLEASE CHECK YOUR CHOICE)

Before May 20th, 2013

- ☐ Delegates: € 450,00= (VAT 21% included)
- ☐ Students: € 300,00= (VAT 21% included). A certificate from the Institute should be sent together with the registration form
- ☐ One-day participation:
 - o May 22nd - € 100,00= (VAT 21% included)
 - o May 23rd - € 100,00= (VAT 21% included)
 - o May 24th - € 100,00= (VAT 21% included)
- ☐ Accompanying Person: € 150,00= (VAT 21% included)

METHODS OF PAYMENT

1. BANK TRANSFER (registration will not be processed without the copy of the transfer) TO:

SCIENCE PARK RAF SPA
BANCA INTESA SPA
AGENCY ROMA 7000
ACCOUNT NUMBER: **00988258909811184**
IBAN: **IT92 Z030 6903 3902 5890 9811 184**
SWIFT CODE: **BCITITMM988**

2. CREDIT CARD

VISA ☐

MASTERCARD ☐

Type name as on the card _____

Type date of birth _____ Type expiration date _____

Type card number _____ Signature _____

According to Italian Law n. 196/2003 on privacy protection, all personal data will be treated strictly confidentially. At any time you can ask to modify or cancel your data.

Date

Signature
