

2017 Neonatal Ultrasound Course. Why, how and when an ultrasound image?

Florence, 15-18 March 2017

APPLICATION FORM

**Please fill in and return to the Organizing Secretariat:
AIM Group International - Florence Office**

Viale G. Mazzini, 70 - 50132 Florence, Italy
Ph. +39 055 23388.1 - Fax +39 055 2480246
Email: ultrasound2017@aimgroup.eu

First Name _____

Family Name _____

Institution / Hospital _____

Address _____

Postal Code _____ City _____

Country _____

Phone _____ Fax _____

E-mail _____

REGISTRATION FEES (All prices are in Euro, VAT included)

	by 20 January 2017	by 6 March 2017
Registration fee	€ 895,00	€ 1.050,00
Nr. of people _____		€ _____
Reduced registration fee* € 795,00		€ 950,00
Nr. of people _____		€ _____
	Total	€ _____

* A reduced registration fee will be applied for the participants who will register also to the "2017 First Steps in Neonatal Brain US: an Amazing, adventurous Journey!" on Tuesday 14 March 2017.

HOTEL ACCOMMODATION

Please book no. _____

double room double use € 150.00 p.r.p.n.

double room single use € 120.00 p.r.p.n.

Date of arrival _____

Date of departure _____ Total no. of nights _____

Total € _____

METHODS OF PAYMENT

Payment can be made to AIM ITALY S.r.l. by credit card or bank transfer:

- bank transfer to AIM ITALY S.r.l. c/o BANCA CR FIRENZE - Filiale nr. 34 – Via Masaccio, 41/43 - 50132 Firenze -
IBAN IT51E0616002835100000000419 - SWIFT: CRFIIT3F821
(a copy of the bank draft paper must be attached to the Registration Form and sent to the Organizing Secretariat)

- Credit card: Visa/CartaSi EuroCard/MasterCard

Card no. _____ Expiry date _____

Date _____ Cardholder's name _____

I authorize the use of my credit card for this purpose.

Signature _____

INVOICE

Please issue the invoice to _____

Name/Company _____

Address _____

Postal Code _____ City _____

Country _____

Tax identification/VAT number _____

Date _____ Signature _____

PURSUANT INFORMATION ON LAW 196/2003

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Data treatment shall mean any operation, or set of operations, carried out with or without the help of electronic or automated means, and must guarantee the confidentiality and security of your personal data.

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Date _____ Signature _____