



Mediterranean Cardiology Meeting



CATANIA APRIL 20-22
2013

REGISTRATION FORM

Please fill in this form and send it by fax,
mail or e-mail **no later than April 10th, 2013:**

Adria Congrex

Via Sassonia, 30 - 47922 Rimini - Italy

Tel. +39 0541 305823

Fax. +39 0541 305842

E-mail booking@mcmweb.it

PERSONAL DETAILS

Family name _____ First Name _____

Working details _____ Hospital _____

Address _____ Zip code _____

City _____ Country _____

Phone _____ Fax _____ E-mail _____

Invoice address (with VAT code – for EU countries) _____

REGISTRATION FEES All fees are requested in Euro

CONGRESS

Registration fees (VAT 21% included)

Delegate Euro 726,00

The delegate registration fee includes:

Attendance to all the scientific sessions including luncheon panels (limited to seat availability), entrance to the exhibition area, meeting proceedings, attendance certificate, badge and congress kit, opening reception and coffee breaks at the Venue.

COURSES

Registration fees (VAT 21% included)

BLS-D COURSE PHYSICIAN Euro 266,20

BLS-D COURSE NON PHYSICIAN Euro 108,90

	1 day participation	2 days participation
ALLIED PROFESSIONAL	Euro 60,00	Euro 100,00

BASIC LIFE SUPPORT - DEFIBRILLATION COURSE PHYSICIAN & NON PHYSICIAN

The registration fee includes: participation to the Course, entrance to the exhibition area, BLS-D license and coffee break taken at the Venue. **Maximum 36 participants** assigned on first come first served basis, after the full payment of the charge with date and timetables to be respected.

ALLIED PROFESSIONAL

The registration fee includes: participation to the Course, entrance to the exhibition area, coffee breaks and light lunch taken at the Venue. **Maximum 80 participants** assigned on first come first served basis, after the full payment of the charge.

AFTER April 10th 2013 REGISTRATIONS CAN BE MADE ON SITE

CANCELLATION POLICY

Any cancellation should be notified in writing to the Organizing Secretariat and will be subject to the following conditions:

After January 1st, 2013: No refund of any kind.

RESUME

Delegate	No. _____ x € _____ = € _____
BLS-D Course Physician	No. _____ x € _____ = € _____
BLS-D Course Non Physician	No. _____ x € _____ = € _____
Allied Professional 1 day <input type="checkbox"/> April 20 <input type="checkbox"/> April 21	No. _____ x € _____ = € _____
Allied Professional 2 day April 20-21	No. _____ x € _____ = € _____

GRAND TOTAL = €

PAYMENT CONDITIONS

Accepted payments are: cheque written on Italian Banks, credit cards, Bank transfer in Euro (made out to Adria Congrex Carim Bank Branch no. 14 IBAN code **IT18N0628524214CC0142118559** – swift code **CRRN IT 2R**).

All costs to transmitter's charge.

Please indicate clearly your name, address and MCM 2013 code **1440811RERI** on cheques and money orders. Registration will be confirmed only on receipt of the due amount. Adria Congrex will provide regular invoice for registration fee(s). The form should be fully completed with the European VAT code (only for EU countries) and the invoice address.

PAYMENT METHODS

I enclose a **bank cheque** made out to Adria Congrex of € _____

I enclose a copy of the **bank transfer** made out to Adria Congrex of € _____

Credit card : VISA Carta Si Mastercard American Express Diner's

Card number _____ Card holder _____

Date of birth _____ Expiration date _____ Total amount _____

Date _____ Card holder signature _____

In case of payment by credit card we will charge only the registration fee(s). Please, send a copy of the credit card (front and back) and of your identity card (front and back).

Date _____ Participant signature _____

Information on article 13 Legislative Decree nr. 196 dated 30.06.2003

The personal data acquired thanks to the present module is collected for purposes connected to execution of the congress and will be processed using both electronic and non-electronic tools. The data collected will be processed only by appointed personnel (marketing, administration and secretariat employees). The data may be communicated to professionals, hotels, travel agencies, airline and shipping companies, affiliated professional bodies, banks, the Ministry of Health for CME purposes and any other sponsors. Providing data (such as name, surname, address, profession, fiscal code, VAT number, place and date of birth, telephone and e-mail) is compulsory in order to make hotel bookings, register for the congress, issue standard invoices and for CME registration. The above mentioned data (e-mail address and fax number) may also be used to inform you of our future events providing that you authorise us to do so by ticking the appropriate box. Although refusal to provide authorisation to send communication linked to our activities will not prejudice your registration for the congress, we will not be able to contact you to inform you of any future events. The data controller is "Adria Congrex Srl" with head offices at 3, Parco Federico Fellini, 47900, Rimini. We would like to remind you that your rights are recognised by article 7 of Legislative Decree nr. 196 dated 30th June 2003, in particular the right to access your personal data, request its modification, updating and cancellation if incomplete, incorrect or collected in breach of the law, as well as, object to its processing for legitimate reasons, by addressing your requests to the data controller at the following address info@mcmweb.it

I authorise for my personal data to be processed to inform me of similar initiatives or consultancy services provided by the data controllers. YES NO
I would like to receive information by e-mail or fax. YES NO

Date _____

Participant signature _____