

CONFERENCE REGISTRATION FORM

TITLE PROF ☐ DR ☐ ECM SI ☐ NO ☐ INVITED ☐

Last Name: _____ First Name: _____

Institution: _____

Department: _____

Address: _____

Zip Code: _____ City: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Are you submitting an abstract?: ☐ YES ☐ NO

ARRIVAL DATE __/__/____ DEPARTURE DATE __/__/____

THE REGISTRATION FEE INCLUDES:

Attendance to the conference, congress kit, transfers to the Congress venue, coffee breaks and working lunch on September 12th, possibility to attend a course (max 15 participants per course, participation on a first-come, first-served basis)

I would like to attend the following Course: ☐ 3-D LAPAROSCOPY: THE FUTURE OF RADICAL PROSTATECTOMY?
☐ CRYOTHERAPY FOR PROSTATE CANCER
☐ LASER FOR PROSTATE VAPORIZATION: PRINCIPLES AND TECHNIQUE

Early registration before July 31st, 2014

Late registration after July 31st, 2014

REGISTRATION FEE

euro **250,00** ☐

euro **300,00** ☐

REGISTRATION FEE ESRU member

euro **200,00** ☐

euro **240,00** ☐

REGISTRATION FEE IYUA member

euro **200,00** ☐

euro **240,00** ☐

Invoice to: _____

VAT number: _____ Fiscal code: _____

PAYMENT DETAILS: Payment must be made **without charges to the beneficiary**. Cheques and Eurocheques can not be accepted. Bank transfer reference **MUST** include delegate name(s).

☐ Credit Card

I hereby authorize **I.D.S.** SpA to debit my:

☐ EuroCard ☐ MasterCard ☐ Visa

Card No: _____

CVV - Credit validation value _____
(the last three digits of the number on the back of your credit card)

Expiry Date (Month/Year): _____

Cardholder's Name: _____

Signature: _____

Date _____

☐ Bank Transfer

Bank Detail:

Cariparma - agenzia 23
Via XXI Aprile 24/26
00162 Roma (RM)

Account Number:

IT70K0623003326000035225238

BIC SWIFT Number:

CRPPIT2P456

Reference:

Delegate Name ITRUST
Conference Registration Fee

Signature _____

Mail or Fax completed form to: **I.D.S.** SpA | 20, Via dell'Antracite | 00157 Rome, Italy | tel. **+39 06 4505503 - 06 41792581**
fax **+39 06 4502074** | www.itrusturology.com | 1meeting@itrusturology.com

Authorization to process data: Please, sign here, to authorize us for the elaboration and electronic processing of your personal data (Italian Law n. 675/96)

Date _____

Signature _____