



## Veterinary Neuropathology Advanced Course 31st July and 1st August 2010

Faculty of Veterinary Medicine - University of Bologna,  
Ozzano Emilia (Bologna), Italy

### COURSE REGISTRATION FORM (ONE FORM PER REGISTRANT)

to be returned before **May 1st 2010** (early registration)  
or **June 30th 2010** (late registration) to:

E.V. Soc Cons a RL

Course Secretariat - Address: Via Trecchi, 20 - 26100 Cremona - ITALY  
Ph. +39 0372 403502 - Fax +39 0372 457091 - E-mail: elena.piccioni@evsrl.it

TITLE: 1 Prof. 1 Dr 1 Mr./Mrs. Degree: 1 Ph.D 1 M.D

First Name \_\_\_\_\_

Family Name \_\_\_\_\_

Hospital / Institution / Department \_\_\_\_\_

Postal Address \_\_\_\_\_

Post code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

#### **Registration fees (VAT INCLUDED)**

✓ **Please tick the appropriate box:**

	<b>Early registration (Until May 1<sup>st</sup>, 2010)</b>	<b>Late registration. (From May 2<sup>nd</sup> 2010)</b>
<b>Standard registration</b>	400 €	550 €
<b>ESVN/ESVP or SINVET members</b>	300 €	450 €
<b>Residents in training (any college)</b>	200 €	250 €
<b>Participants already registered for the Veterinary Neuroscience and Advanced Clinical Neurology Course</b>	100 €	100 €

## PAYMENT

### CHEQUES

Payable to "E.V. SOC. CONS. A.R.L." only in Euro. If you are sending a personal cheque, your complete name and address must be clearly written on an enclosed paper. Postdated cheques are not accepted.

N° ..... BANK .....

### CREDIT CARD (only the below cards can be accepted)

VISA                       MASTERCARD                       CARTASÌ

CARD NUMBER .....

EXP. DATE .....

HOLDER'S FULL NAME .....

Validation value or security value (last three numbers on the back of the card): .....

### BANK TRANSFER

Payable to E.V. SOC. CONS. A.R.L. - Bank: Cassa di Risparmio di Parma e Piacenza - Agenzia 3 - Cremona

Account number: 301525/89 - ABI: 06230 - CAB: 11402 - IBAN: IT80Y0623011402000030152589

CIN: Y - BIC CODE: CRPPIT2P041

Please enclose a copy of the bank transfer. The bank transfer fees are at the delegate's charge.

## CANCELLATION POLICY

Before May 1<sup>st</sup>, 2010: 75% of the total amount will be refunded

After May 1<sup>st</sup>, 2010: No refunds will be made

## INVOICING

HEADING OF THE INVOICE .....

COMPLETE ADDRESS .....

VAT NUMBER .....

DATE ..... SIGNATURE .....

## Privacy

According to the Italian Rules June 30th 2003, n. 196 (G.U. July 29th, 2003, n. 174, Supplemento ordinario n. 123/L) the underwriter authorizes SIVE/E.V. to make use of his/her personal data in order to fulfill all registration purposes concerning the organization of the Congress.

Signature .....