

# INTERNATIONAL **SUMMER SCHOOL**

Transnasal Endoscopic Surgery: from sinuses to skull base

**SEPTEMBER 20|22 2021**

## **REGISTRATION FORM**

Please fill in this form and send to the Organizing Secretariat within August 20<sup>th</sup>, 2021 via fax or e-mail, along with the payment. Fax +39.035.237852 e-mail k.gissi@servizicec.it

First name (s) .....

Surname .....

Date of birth ..... Birthplace .....

Profession .....

Discipline .....

Ph. number ..... Mobile .....

E-mail address .....

Home address .....

Zip code ..... City ..... Country .....

Institute/Hospital .....

Department .....

Work address .....

Zip code ..... City ..... Country .....

Pursuant to *European General Data Protection Regulation 2016/679* on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, Servizi C.E.C. s.r.l. - Via Verdi, 18 - 24121 Bergamo - Italy - is responsible for the processing and collection of personal data. You are free to confirm or deny this right but these data are necessary to supply the services required. You may address Servizi C.E.C. s.r.l. for the treatment and exert your rights pursuant to *GDPR 2016/679* (access, correction, cancellation, etc.).

Date ..... Signature .....

### **REGISTRATION FEE**

**CONSULTANT full course**

€ 1.500,00 + VAT 22% (€ 1.830,00 VAT 22% included)

**RESIDENT full course**

€ 1.300,00 + VAT 22% (€ 1.586,00 VAT 22% included)

The consultant and resident full course fees include entrance to the course, course material, certificate of attendance, coffee and tea breaks, lunches and social dinner.



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## HOW TO PAY

### BANK TRANSFER

Please fax a copy of the bank transfer to the Organizing Secretariat.

Account name: SERVIZI C.E.C. Srl – Bank name: BANCO BPM

IBAN code: IT 17 Y 05034 11121 000 000 000 049 Swift code: BAPPIT22

### CREDIT CARD

Please fill in every line (write in capital letters), sign it and fax it to the Organizing Secretariat.

VISA  Mastercard **Cardholder's name** .....

**Card number** .....

**Valid from** (day/month/year) ..... **to** .....

I authorize Servizi C.E.C. Srl to deduct the fee from my credit card

**Signature** .....

### INVOICE

**Headed to** .....

**Address** .....

**Zip code** ..... **City** ..... **Country** .....

**\*C.F.** ..... **P.I.** .....

**\*\*TIN (Taxpayer Identification Number)** .....

**\*\*\*ITIN (Individual Taxpayer Identification Number)** .....

(\*) Italy (\*\*) Europe (\*\*\*) USA

### PLEASE NOTE

- Only after receiving the payment and processing the request, the Organizing Secretariat will send you a confirmation letter in order to confirm your registration.
- Bank charges are responsibility of the participant and should be paid at source in addition to the registration fee
- Registration fee include VAT taxes
- Only Euro (€) are accepted
- Requests by phone are not accepted

### Refund policy

- Cancellations received within the registration deadline (August 20<sup>th</sup>, 2021) 70% refund.
- Cancellations received beyond the registration deadline: no refund. The name of the participants can be changed within seven days prior to the course.

I accept these conditions.