

**REGISTRATION
AND HOTEL
ACCOMMODATION
FORM**

**17th International
Paediatric Colorectal Club
Meeting** _____

Padova, Italy - July 17th - 19th, 2010

Please fill in this form in all its parts, in block letters or typewrite and **send it by fax or by mail or by e-mail by June 10th, 2010** with the appropriate payment to the Organising Segretariat:

L.C. Congressi srl

Via Euganea, 45 - 35141 Padova, Italy

Phone + 39 049 8719922 - Fax + 39 049 8710112 - e-mail: lc@lccongressi.it

Name _____ First name _____ Title _____

Home address _____

ZIP Code _____ City _____ Country _____

Phone _____ Fax _____ E-mail _____

Cod. Fiscale _____ Part. IVA _____ (for Italian registrants)

Invoice will be sent to the above-mentioned address.

Profession _____ Subject _____

Professional association _____ of _____

Place of Work _____

Institute/Department _____

Address _____

ZIP Code _____ City _____ Country _____

Please make the invoice to: (if different from the above mentioned address)

Name _____

Address _____

ZIP Code _____ City _____ Country _____

Cod. Fiscale _____ Part. IVA _____ (for Italian registrants)

Accompanying persons: Mr Ms

Name _____ Surname _____

Name _____ Surname _____

REGISTRATION FEES (VAT 20% included)

- Delegate
- Accompanying person
- Trainee or Nurse (certification is required)
- Guided tour to the Euganean Hills on July 19th
(min. 50 participants required)

before June 10th

- € 250,00
- € 150,00
- € 150,00
- € 25,00

after June 10th

- € 300,00
- € 200,00
- € 200,00

Total amount registration fee

€ _____

