

## **REGISTRATION FORM**

(To be sent by fax: 0039 045 597265. Please complete using block letters.)

| <b>REGISTRATION FEE, VAT INCLUDED</b> (please tick the appropriate box)   |  |  |   |   |  |  |  |
|---|--|--|---|---|--|--|--|
|   | EARLY<br>Registration and payment<br>until June 15, 2013 | REGULAR<br>Registration and payment<br>from June 16 to June 30, 2013 | LATE<br>Registration and payment<br>from July 1 to September 15, 2013 | ON SITE<br>Registration and payment<br>from October 3, 2013 |  |  |  |
| Regular   | [] € 400,00  | [] € 450,00  |   |   |  |  |  |
| Reduced <sup>*</sup> , Student, Trainees<br>and Residents <sup>**</sup>   | 〔 € 200,00   | [] € 250,00  | 〔 € 300,00  | [] € 350,00   |  |  |  |
| Accompanying person <sup>§</sup>  | [] € 80,00   | [] € 100,00  | [] € 150,00   | [] € 200,00   |  |  |  |
| Opera Gala Dinner<br>on Friday October 4 <sup>≠</sup>   | □ € 65,00  | □ € 65,00  | [] € 65,00  |   |  |  |  |
| * Service users and participants from Eastern Europe and upper-middle (cat. B), lower-middle (cat. C), low- (cat. D) income countries (World Bank classification).<br>** Students must attach a copy of their student ID, Residents and Trainees a signed certificate from their department head or supervisor. Age limit to 40 years.<br><sup>§</sup> Registration fee for all Accompanying persons, no matter from which area, does not include attendance to any of the Conference Scientific Sessions. It includes: participation in Social Events (Opening<br>Ceremony, Welcome Cocktail and Closing Ceremony), 3-day Veronacard. Gala Dinner is not included.<br><sup>#</sup> Please note that you have to decide at the time of online registration whether you wish to go to the Gala Dinner on Friday, Oct 4 because the number of tickets is limited and will be no on-site tickets sale. |  |  |   |   |  |  |  |
| In title (please specify e.g. Psychiatrist):  |  |  |   |   |  |  |  |

| Job title (pieuse specity, e.g. P                    | sychiatrist).   |  |   |                                    |
|--|---|--|---|------------------------------------|
| Surname  |   | Name   |   |                                    |
| Address for correspondence:                          |   |  |   |                                    |
| Street   |   | Zip Code   | City  |                                    |
| Country  | Mobile Tel  |  | Business Tel  |                                    |
| Fax  | E-mail  |  |   |                                    |
| I will be accompanied by                             | the Gala Dinner on October 4, 2   |  |   |                                    |
| Special dietary requirements                         | ;   |  |   |                                    |
| SUMMARY OF PAYMENTS (                                | registration)   |  |   |                                    |
| REGISTRATION FEE                                     |   |  | €   |                                    |
| ACCOMPANYING PERSON FE                               | E   |  | €   |                                    |
| GALA DINNER, IF CHOSEN                               | € 65,00   | per person/s                                       | €   |                                    |
| TOTAL AMOUNT   |   |  | €   |                                    |
| Institution - First name / Last<br>Street<br>Country | FOR REGISTRATION FEE (requi<br>Name Zip C<br>E-mail   | ode  | -   |                                    |
| VAT NUMBER   |   | TAX CODE   |   |                                    |
| on UNICREDIT BANCA, Brai<br>are making the payment   | f payment:<br>of COGEST M. & C. srl, IBAN IT491<br>nch Piazza Bra 26/e, Verona (Italy), s<br>for; copy of the bank receipt must<br>AMERICAN EXPRESS | specifying the title of<br>t be faxed (0039 045 59 | <b>the Conference and t</b><br>97265) with the form |                                    |
| Expiration Date                                      | No.   |  |   |                                    |
| CVV Code   | (the last 3 numbers on the back sic<br>AMERICAN EXPRESS or DINERS)  | de of the credit card; the                         | e CVV is not requested if                           | the credit card is                 |
| Cardholder's name and su                             | rname   |  |   |                                    |
| I authorize Cogest M. &                              | C. BUSINESS & TRAVEL to char  | rge my credit card w                               | ith the amount $\in$                                |                                    |
|  | Date Secree 196/2003 on privacy. The data will not be<br>s. Your authorization for the use of your data   | 5  |   |                                    |
|  | Signature<br>data for the mailing of informative material by 0  | COGEST M. & C. / COGEST M. & C                     | C. declares that the data will no                   | t be transmitted to third parties. |
| Date   | Signature   |  |   |                                    |

Information pertaining to Art. 13 of Legislative Decree 196 / 2003. The personal data will be treated for the purposes of secretarial operations concerning registration for the Conference and for related services. In this respect, the rights ratified by the Art. 7 of legislative decree 196 / 2003 are guaranteed. Your data will be absolutely not disclosed to any commercial company. Responsible for the data's treatment is Cogest M. & C. Ltd. – Vic. S. Silvestro n. 6, 37122 Verona (Italy); owner of the treatment is University of Verona.