



## LIVE SURGERY COURSE

**June 10<sup>th</sup> 2018**

### REGISTRATION FORM

**SEDE/VENUE: Cristo Re Hospital Via delle Calasanziane, 25, 00167 Roma RM**

The registration form must be sent to the following e-mail address: [roberta.bianchi@nicocongressi.it](mailto:roberta.bianchi@nicocongressi.it); or fax +39 055 8797843

#### PERSONAL AND INVOICING DETAILS:

NAME SURNAME: \_\_\_\_\_ Nationality \_\_\_\_\_

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

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile \_\_\_\_\_

VAT Number or Social Security Number (MANDATORY) \_\_\_\_\_

#### Work Information:

Profession: \_\_\_\_\_

Discipline: \_\_\_\_\_

Department/ Institute: \_\_\_\_\_

*Pursuant to the Italian Privacy Law 196/03, please be informed that your personal data will be processed confidentially by NICO srl*

I agree to these terms

Date \_\_\_\_\_ Signature \_\_\_\_\_

### REGISTRATION FEES (VAT 22% included) Euro 180,00

The registration will be confirmed upon receipt of payment, on a first-come-first-serve basis. Registration fee includes: Certificate of attendance and ECM certificate (if requested) to be sent within 90 days from the end of the course.

The registration form must be sent to the Organizing Secretariat NICO srl via e-mail to [roberta.bianchi@nicocongressi.it](mailto:roberta.bianchi@nicocongressi.it) - not later than 15th April 2018 or to the fax number 0039 055 8797843.

Please enclose a copy of the bank transfer (for the entire amount) made payable to:

Bank Details:

NICO SRL Banco Fiorentino - Mugello Impruneta Signa C/C: 000000204218 ABI: 08325 CAB: 38110

IBAN: IT68D0832538110000000204218 SWIFT: ICRAITRR910

CONTACT INFORMATION – Organizing Secretariat



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