



## TECNICA DI BASE DELLA CHIRURGIA DI MOHS /MOHS SURGERY BASIC TECHNIQUES

June 7<sup>th</sup> 2018

### REGISTRATION FORM

Congress Venue: Angelicum - Pontificia Università San Tommaso d'Aquino  
(Pontifical St. Thomas Aquinas University, Angelicum) Largo Angelicum 1, 00184 Roma

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 100,00

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:

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CONTACT INFORMATION – Organizing Secretariat



Contact Person: Roberta Bianchi  
[roberta.bianchi@nicocongressi.it](mailto:roberta.bianchi@nicocongressi.it)  
Operative Office  
Via Jacopo Melani 19/23, 59016 Poggio a Caiano, PO  
Tel. +39 055 8797796 - +39 055 8777875 - Fax +39 055 8797843  
Mobile +39 348 4764652  
Headquarter:  
Via Aurora 39, 00187 Roma  
Tel. +39 06 48906436 - +39 06 42012177 - Fax +39 06 4821566  
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