9th International Meeting
UPDATES IN NEURO-ONCOLOGY

Brain Tumor Symposium
Cortona (AR), Italy - July 2-4, 2010

Cod. X16

REGISTRATION FORM

To be completed in block letters and mailed with payment receipt to:
CSR Congressi srl - Via Matteotti 35 - 40057 Cadriano di Granarolo E. (BO), Italy
Tel. +39 051 765357 - Fax +39 051 765195 - E-mail: info@csrcongressi.com

Last deadline for registration at CSR Congressi:
June 21st, 2010
After this date registrations will only be accepted at the Meeting Venue.

Name .....

Family name .....

Home Address .....

Post Code ..... City ..... Country .....

Priv. Tel. ..... Priv. Fax .....

e-mail ..... Mobile .....

Institute .....

Department .....

Position .....

Address .....

Post Code ..... City ..... Country .....

Tel. ..... Fax .....

COMPULSORY FOR ALL PARTICIPANTS

Invoice to ..... *Address* .....

Zip Code ..... *City* ..... *Country* .....

Tax No. | | | | | | | | | | | | | | | | *VAT No.* | | | | | | | | | | | |

FOR ITALIAN PARTICIPANTS ONLY: **RISERVATO ALLE SOLE AZIENDE OSPEDALIERE**

Richiesta di esenzione IVA (art. 10 comma 20 D.P.R. 633/72) Gli Enti Pubblici che desiderino richiedere l'esenzione IVA sul pagamento della quota d'iscrizione di dipendenti sono tenuti a farne specifica richiesta barrando e apponendo il proprio timbro nello spazio di seguito riportato. Non sono fiscalmente riconosciute richieste senza timbro.

☐ timbro dell'Ente che fa richiesta di esenzione IVA

REGISTRATION FEES (VAT INCLUDED)

Members SINch & AANS/CNS	❑ € 250,00
Non Members	❑ € 320,00
Trainees	❑ € 150,00

Fees include:
Congress material, Welcome reception, coffee breaks and lunches

PAYMENT SUMMARY:

REGISTRATION FEE € .....

TOTAL PAYMENT € .....

HOTEL RESERVATION

The Organizing Secretariat reserved a certain number of rooms for participants.
Reservations will be accepted on a first-come-first-served basis.
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Tel. +39 051 765357 - Fax +39 051 765195 - E-mail: info@csrcongressi.com

PAYMENT SYSTEM:

❑ **CREDIT CARD**

The undersigned .....

Authorizes payment of the above amount of € .....

❑ VISA ❑ EUROCARD ❑ MASTERCARD

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Address: VIA DUE AGOSTO 1980, N. 45/D
40057 CADRIANO DI GRANAROLO EMILIA (BO) - ITALY
IBAN: IT26R0847236850000000085110
SWIFT/BIC Code: ICRAITMMD 40
Reason for payment:
Registration "9th International Meeting UPDATES IN NEURO-ONCOLOGY - Cod X16".
Please, attach payment receipt copy to "Registration Form".

I hereby authorize the processing of my personal data in compliance with D. Lgs. 30/06/2003 N° 196 on personal data handling only for this Course management.

Signature ..... *Date* .....