

# 2<sup>nd</sup> International Conference

“Translational Research in Oncology: a New Approach to Personalized Medicine”

May 8, 2012 IRST - Meldola

May 9 - 10 - 11, 2012 Hotel Globus City - Forlì

## REGISTRATION FORM

Please, return this form by **April 30, 2012** to:

Studio E.R. Congressi - Triumph Group

Via Marconi, 36 - 40122 Bologna - Italy

Phone +39 051 4210559 - Fax +39 051 4210174

E-mail: [ercongressi@triumphgroup.it](mailto:ercongressi@triumphgroup.it)

VAT Number/Tax payer's number: 06301101009

Last Name

First Name

Profession

Discipline

Institute

Address

City

State/Province

Zip/Post code

Country

Telephone

Mobile phone

e-mail

TAX PAYER'S NUMBER (COD. FISCALE)

### FOR THE INVOICE:

Last Name

First Name

Private Address

City

State/Province

Zip/Post code

Country

VAT NUMBER (P.IVA)

TAX PAYER'S NUMBER (COD. FISCALE)

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## REGISTRATION FORM

### REGISTRATION FEES (inclusive of VAT)

- |  |          |
|--|----------|
| <input type="checkbox"/> AIOM members                | Euro 100 |
| <input type="checkbox"/> ESMO members                | Euro 100 |
| <input type="checkbox"/> ISO members                 | Euro 100 |
| <input type="checkbox"/> Participants under 35 years | Euro 100 |
| <input type="checkbox"/> Others                      | Euro 200 |

### PAYMENT

- Bank Transfer**  
made out to Studio E.R. Congressi Srl

Name and address of the Bank:  
Cassa Risparmio di Cesena  
Agenzia no. 29 - Bologna, Italy

Account Holder: Studio E.R. Congressi Srl  
SWIFT BIC CODE: CECRIT2CXXX  
IBAN CODE: IT49L 06120 02400 CCO290002596  
ACCOUNT NO. CCO290002596  
ABI 06120  
CAB 02400

*I enclose a copy of the bank transfer with the registration form.*

*I enclose the invoice of the payment AIOM/ESMO/ISO fee with the registration form.*

### Credit Card

- VISA       MASTERCARD       AMERICAN EXPRESS

Card Number

CVV (Credit Validation Value)

Expiry date \_\_\_\_ / \_\_\_\_

Owner \_\_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Registrations can only be accepted and confirmed when the registration form and fee have been received by the Organizing Secretariat Studio E.R. Congressi. In case of written cancellation before **April 10, 2012** 80% of the registration fee will be refunded.

*Signing this form and well informed on the legislative decree n. 196/2003 concerning “personal data processing” – particularly on the articles 4,13, 21, 23, 24, 27, 37, 43, 44, 45 e 137 - I authorize Studio E.R. Congressi S.r.l. until written revocation on to process and divulge my personal data within the limits of the above mentioned legislative decree and in accordance with the procedure laid down by the legislative decree. I give my assent provided that Studio E.R. Congressi complies with the regulations in force.*

- I do not want that my personal data are divulged to third parties.

Date

Signature