



REGISTRATION FORM for those who are not members of the working groups and wish to receive CME credits



Please fill in and return to the Organizing Secretariat by April 20
Tel.: +39 010 5636.805/554, Fax: +39 010 3776590
e-mail: caterinacogorno@ospedale-gaslini.ge.it

Annual Meeting of the SIOP Brain Tumour Sub-Committee

ID of the event: 790 **Italian C.M.E. ID n°: 693-9011885, 9012051**

Venue: Villa Quartara, Badia della Castagna, Genoa, Italy **Date: May 14-16, 2009**

Personal data:

NAMEFAMILY NAME.....

Private address:

ZIP code.....Town.....Country.....

Tel...../.....Mobile.....Fax...../.....

e-mail.....

Institute.....Department.....

Work address:.....

ZIP code.....Town.....Country.....

Tel...../.....Mobile.....Fax...../.....

For Italian registrants only:

Data di nascita: _____ **Luogo di nascita:** _____

Codice fiscale: _____

Professione: _____ **Disciplina:** _____

Registration fee

The registration fee of **euros 150,00** must be paid within 5 days after the confirmation of acceptance by the Organizing Secretariat. **Confirmation will be given by March 30.**

Payment can be made by:

A) **Credit card:** American Express - Eurocard - Maestro - Mastercard - Visa

Card N° _____ expiration date ____/____
 (MM/YY)

Amount authorised _____ Signature _____ Date _____



ISTITUTO G.GASLINI

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B) **Bank transfer** to: Istituto Giannina Gaslini, Account no. 4632/90
Banca CaRiGe SpA, Agenzia 58, sportello Gaslini - -- IBAN: IT43Y061750158300000463290, SWIFTBIC: CRGE IT GG 138 (Cod. ABI 6175 - CAB 1583)

Please specify on the transfer "Registration for SIOB Brain Tumour Sub-Committee Annual Meeting" on behalf of (registrant's name).

Please send (preferably by fax) copy of the transfer once it has been ordered

All related banking costs are at the registrant's expenses

C) **Check** payable to Istituto Giannina Gaslini and sent to the Organizing Secretariat with this form duly signed

* *The registration fee can be reimbursed only with a 5 days notice before the beginning of the event.*

Invoice/Receipt (Please specify to whom the invoice/receipt of your payment should be made out)

The invoice should be made out to
address.....N°.....Zip code.....Town.....P.IVA/CF.....

and sent to the: private work address

other address :

Please indicate your area of interest:

Basic Researcher

Clinician (specify below)

Neurosurgery Neurooncology Radiotherapy Pediatrics

Others (please indicate) _____

The registration fee covers:

- Entrance to scientific sessions
- Welcome cocktail on Thursday 14
- 3 Lunches and 4 coffee breaks
- Workshop dinner on Friday 15
- Certificate of attendance and CME Italian credits

Privacy policy; (Art.13, Italian law 196/2003)

SISP will make use of the data provided exclusively for the purpose of the present event including the Italian Continuing Medical Education programme procedures. They will be forwarded to the Italian CME National Commission, stored in the SISP database and used to keep you informed on relevant SISP

forthcoming events and in case of your future attendance at SISP events. Please tick the box if you wish we erase your data.

The Istituto G. Gaslini, L.go G. Gaslini 5, 16147 Genova is the holder of the data.

Date..... Signature.....

