

**REGISTRATION
FORM**

**56th
Annual
Meeting**

**Paediatric
Pathology
Society**

Please fill in this form in all its parts, in block letters or typewrite and **send it by fax or by mail or by e-mail by July 30, 2010** with the appropriate payment to the Organising Secretariat:

L.C. Congressi srl

Via Euganea, 45 - 35141 Padova, Italy

Phone + 39 049 8719922 - Fax + 39 049 8710112 - e-mail: lc@lccongressi.it

Name _____ First name _____ Title _____

Home address _____

ZIP Code _____ City _____ Country _____

Phone _____ Fax _____ E-mail _____

Cod. Fiscale _____ Part. IVA _____ (for Italian registrants)

Invoice will be sent to the above-mentioned address.

Profession _____ Subject _____

Professional association _____ of _____

Place of Work _____

Institute/Department _____

Address _____

ZIP Code _____ City _____ Country _____

Please address the invoice to: (if different from the above mentioned address)

Name _____

Address _____

ZIP Code _____ City _____ Country _____

Cod. Fiscale _____ Part. IVA _____ (for Italian registrants)

Accompanying person: Mr Ms

Name _____ Surname _____

REGISTRATION FEES (VAT 20% included)

- PPS Members
- Delegates/Non PPS Members
- Trainees (certification is required)
- Accompanying persons

before July 30, 2010

- € 290,00
- € 310,00
- € 250,00
- € 150,00

after July 30, 2010

- € 340,00
- € 360,00
- € 300,00
- € 200,00

Optional Guided tour and Dinner – Ville della Riviera del Brenta

Saturday Sept. 18 – from 15h.00 to 23h.00

Cost per person € 125,00 (VAT included) for no. _____ of persons

Total amount optional Guided Tour € _____

TOTAL AMOUNT PAID € _____

The following event is included in the registration fee as well as in the accompanying person fee.

Please indicate if you will take part:

WELCOME COCKTAIL, SEPT. 16 NUMBER OF PERSONS _____

CONGRESS DINNER, SEPT. 17 NUMBER OF PERSONS _____

Payment:

- By Bank transfer (net of any bank expenses)

Bank: Cassa di Risparmio del Veneto, Agency no. 20 – Padova, Italy

Account owner: L.C. Congressi srl

IBAN code: IT 64 M 06225 12150 074003381835 SWIFT/BIC code: IBSPIT2P

Please write your name and the following code: **2010PPS**. Thank you.

- By Credit Card (Visa/Mastercard/Eurocard circuit ONLY). Please enclose a clear copy, thank you.

Credit Card no. _____ Expiration date _____

Credit Card Owner _____

Amount of € _____

CANCELLATION POLICY

Cancellation of Registration fee

Within July 30, 2010

50% refund

After July 30, 2010

no refund

Notice under law 196/2003

We wish to inform you that, in accordance to the law 196/2003 art. 11, your details in our possession are being and shall be treated by us in accordance with principles of correctness and lawfulness, collected, registered and treated in connection with the above mentioned meeting exclusively.

Date _____ Signature _____