



## REGISTRATION FORM

Please send this form within September 22, 2018 directly to:  
OIC srl – Tel. +39 055 5035370 – Fax +39 055 570227 – [registrationgise@oic.it](mailto:registrationgise@oic.it)

### PARTICIPANT PERSONAL INFORMATION

Please complete this form for ONE participant in block letters.

Prof.  Dr.  Mr.  Mrs.  male  female

Last name  First name

Institution

Postal Address

Postal code  City  Country

E-mail (*mandatory*)

Telephone  Fax

Fiscal Code (*mandatory* for Italian participant only)

Date of birth (*mandatory*)  City and Country of birth (*mandatory*)

Gise member  Non member  Resident in training

Physician  Nurse  Technician

### BILLING ADDRESS

if different from postal address

Please send receipt of payment/invoice to

address, zip code, city, country

Fiscal License ID / VAT (*Mandatory for companies*)

I accept to receive the invoice:  by email as a PDF file - or -  hard copy by post

CONGRESS REGISTRATION FEES (Italian VAT 22% included)	within July 14, 2018	from July 15 to September 22, 2018	from September 23 and on-site	Total €
<input type="checkbox"/> Physician – GISE Member	€ 525,00	€ 595,00	€ 625,00	<input type="text"/>
<input type="checkbox"/> Physician - Non Member	€ 675,00	€ 745,00	€ 785,00	<input type="text"/>
<input type="checkbox"/> Resident in training - copy of certification must be attached to the form	Free of charge			<input type="text"/>
<input type="checkbox"/> Nursing & Technician – GISE Member	€ 465,00	€ 535,00	€ 585,00	<input type="text"/>
<input type="checkbox"/> Nursing & Technician – Non Member	€ 565,00	€ 635,00	€ 685,00	<input type="text"/>



## CANCELLATIONS AND REIMBURSEMENTS

For cancellations received within September 22, 2018 a penalty of 70% will be applied.  
No refund is processed for cancellations received after September 22, 2018.  
All cancellations must be officially submitted in writing to OIC by fax or email.

## PAYMENT

Payment by credit card

With my signature I authorise OIC srl to charge my credit card upon confirmation

VISA

MASTERCARD

AMERICAN EXPRESS

Card number     -     -     -

Expiry (month/year):  -

Cardholder's name

Card Security Code CVV\*    3 digits on the reverse of VISA/MC or 4 digits on the front of AMEX

*Notice for VISA/MASTERCARD credit card holders from outside the Eurozone: an additional 3% handling fee will be applied by VISA. The applied exchange rate is in line with the major financial institutions.*

*For AMERICAN EXPRESS and Eurozone VISA/MASTERCARD holders: an extra charge of 2.5% (+ vat) will be applied for withdrawals of more than € 2.500*

Payment by bank transfer

Account name: OIC srl

Bank: Cassa di Risparmio di Firenze, Ag. 1, Viale Matteotti 20r, 50132 Florence, Italy

IBAN Code: IT39 S061 6002 8010 0001 0628 C00 – SWIFT Code: CRFiiT3F

No charges to the recipient.

A copy of the bank transaction has to be sent together with the registration form.

The sender's full name and congress must be clearly stated in the transfer order as well as the payment purposes.

## GENERAL CONDITIONS

Registration can only be confirmed after receipt of full prepayment or valid credit card details.

*We accept your general conditions. We agree to electronic credit card cashing and accept the preceding terms and conditions.*

DATE

SIGNATURE

Based on the data collected by OIC srl and GISE – Italian Society of Interventional Cardiology – I hereby declare to have read the agreement on this [LINK](#)

I authorize the processing of all the collected data indicated in the agreement, bullet points a) and b) whose aims and modes are here indicated

I authorize the processing of all the collected data indicated in the agreement, bullet point c) for circulation and promotion of informational material about activities and services which could be of interest

DATE

SIGNATURE