

PARTICIPANT REGISTRATION FORM

Second Symposium on ATP1A3 in disease
Catholic University School of Medicine, Rome, Italy

23 - 24 September 2013, Policlinics "A. Gemelli" - Rome, ITALY

*Please, use CAPITAL LETTERS or TYPE and return this form latest 16 September 2013 to
A.I.S.EA Onlus*

Email : registration.2ndsymposiumatp1a3@ibahc.org Tel. +39 039 95 180 46

Registration Details

Mr. Ms. Dr. Prof.

Family Name: ----- First Name: -----

Position: ----- Department: -----

Organization/Company: -----

Address: -----

Zip code: ----- Town: ----- Country: -----

Phone: ----- Email: -----

Specific diet requirements (vegetarian, allergies ...): -----

Registration Fee

The registration fee covers the Symposium brochure, coffee breaks and lunches, and dinner on Monday 23 September

- | | |
|--|----------|
| <input type="checkbox"/> Standard Fee | € 350.00 |
| <input type="checkbox"/> Early Registration Fee (<i>before 31 August 2013</i>) | € 300.00 |

Method of Payment:

Cash at the Venue Bank transfer (*cumulative Bank Transfers are accepted*)

Bank transfer to:

A.I.S.EA Onlus

Bank: CREDITO EMILIANO - CREDEM , MERATE (LC) - ITALY

IBAN*: IT08 0030 3251 5300 1000 0010 200 **BIC:** BACRIT21918

* *Warning! The first character after "IT08" is the letter "O" while all the others are the number 0 (zero)*

Sponsored by: -----

Additional

Information: -----

Privacy (*read the Privacy Information at the next page and tick the selected option*)

With regard to the inclusion of my contact data into a list of participants which will be distributed at the Symposium

I consent I do not consent

Date: ----- **Signature:** -----

Privacy Information

By filling out the Registration Form, the participant gives consent that A.I.S.EA Onlus can process the data provided within the framework of the Symposium, according to the Italian National Law N. 196/2003 about the Privacy and Data Security. This includes all handling needed for the applicant's participation at the event and, exclusively upon his/her specific written consent (previous page), the inclusion of the applicant's contact data into a list of participants which will be distributed at the Symposium.

Cancellation Policy

All cancellations must be in writing. Cancellations received before 31 August 2013 are subject to a charge of 25% of the registration fees for reservation costs. After 31 August 2013 full payment will be requested and refunds will not be provided. Transfer of the registration to other persons is at no extra cost.

Important

Written confirmation will be sent after the payment has been received. If you have not received your confirmation within five working days, please contact the Local Organizing Secretary at info.2ndsymposiumatp1a3@ibahc.org