

REGISTRATION FORM

Please type in **BLOCK LETTERS** and Fax or EMAIL
with a copy of your receipt of payment to:

key

congress&
communication

Fax ++39 049 8729512

e-mail: isde2012@keycongress.com

Personal data

Fiscal code (only for Italian participants)

VAT number

Family Name

First Name

Title Prof. Dott.

_____ @ _____
Email address

Mobile phone

Office address

Institute Dept.

Position

Nr. Street

Area code City Country

Telephone (office hours): Country code/city code/number Fax

Mailing address (if different from the above)

Nr. Street

Area code City Country

Abstract number (if applicable) _____

You and your Privacy

Please note that companies may be offered the opportunity to hold Satellite Symposia at this specific event. As a Congress participants, your mailing details may be forwarded to companies organizing Satellite Symposia. Companies receiving your mailing details will be permitted to use your details on time only for the purpose of sending you Satellite Symposia invitations. Under the Law of Privacy, you are entitled to object at any time to the processing and usage of your mailing details.

I DO NOT WISH my details to be forwarded to companies organizing Satellites Symposia

Registration fees (fees apply to payments received prior to the indicated deadlines)

| | | Before 1 May 2012 | After 1 May 2012 & on site |
|--------------------------|---|-------------------|----------------------------|
| <input type="checkbox"/> | ISDE member | € 600,00 | € 700,00 |
| <input type="checkbox"/> | ISDE non member | € 700,00 | € 800,00 |
| <input type="checkbox"/> | Trainee (Please provide a certificate) | € 250,00 | € 350,00 |
| <input type="checkbox"/> | Accompanying person | € 250,00 | € 250,00 |
| <input type="checkbox"/> | Social dinner | € 120,00 | |
| <input type="checkbox"/> | Press | | |

All registration fees are quoted in Euro and includes VAT 21%. Registration will only be processed if payment is made in full. Registrations for single days are not available.

Registration fee includes: Admission to all scientific sessions; Congress kit with Final Programme and Abstract book; Certificate of Attendance; Coffee breaks and lunches; Opening Ceremony.

Accompanying person fee includes: Opening Ceremony and social evening; Half day guided tour of Venice.

Press registration: Representatives of the media are asked to register and to mark "press" on the regular Registration Form. Upon receiving the completed Registration Form, information concerning accreditation and services provided will be mailed. There is no registration fee for accredited media representatives.

METHOD OF PAYMENT

OPTION 1 - Credit Card Visa Master Card

| | | |
|---------------|-----------------------------|---|
| _____ | _____ | _____ |
| Card Number | Expiry Date (month/year) | Name shown on card (family name/first name) |
| _____ | | _____ |
| Security Code | | Signature |

OPTION 2 - by Internet

An "on line" registration form with secure payment by credit card in security certificate is available. A regular invoice will be issued for each registration: please indicate your tax code and/or VAT number. Registrations without this required data will not be accepted.

OPTION 3 - Bank Transfer

Bank transfer payable to: **KEY CONGRESS & COMMUNICATION**
IBAN CODE IT 41 N 05216 12100 000000000771
SWIFT B.P.C.V.I.T.2.S.
 Ref.: **ISDE 2012 (Please indicate the name of the delegate)**

Please send copy of your bank transfer together with your registration form. Bank transfer will not allowed after October 1st, 2012

CANCELLATION POLICY - (faxed or emailed)

Notification of cancellation must be sent in writing to the Organizing Secretariat. Cancellations will be accepted until September 1st, 2012 with a refund of all prepaid fees, except for a 30% administration charge. **No refunds will be made for cancellations received after this date.**

TOTAL AMOUNT TO BE PAID

Registration fee € _____ , _____ #

Social Dinner € 120,00

Total to be paid € _____ , _____ #

Are you sponsored by a Company? Yes No

Please indicate the name of your company. Please note, the maximum credit limit with reference to the last three years, is 1/3 (50 in 3 years) by means of sponsorship.

INVOICE

| | | |
|-------------------------|------------|---------|
| _____ | _____ | |
| Family Name | First Name | |
| _____ | | |
| Institution/Affiliation | | |
| _____ | | |
| Mailing address | | |
| _____ | _____ | _____ |
| Postal code | City | Country |
| _____ | | |
| VAT | | |

The undersigned certifies, on his/her own responsibility, that the abovementioned information is true and corresponds to actual fact, exempting the congress organizer from any tax liability in the event of incorrect information being provided.

_____ Signature

PRIVACY AND TREATMENT OF PERSONAL DATA (L.D. 196, 30/06/2003)

Key Congress S.r.l., as data controller and/or processor, informs you that any personal data you provide, or any data received by third parties, will be used in connection to your participation to the event. Key Congress S.r.l., as data controller and/or processor may avail itself or its associates to carry out any of the following procedures: communications to clients, data processing and computer-based consultation. The data can be communicated to financial and banking intermediaries, as well as suppliers and companies participating in the event with promotional functions compatible with the purposes for which the data has been collected. The provision of your personal data is voluntary, but refusal will prevent your participation to the event. Under section 7 of the Legislative Decree n° 196 of 30 June 2003 you have the right to object the processing of your personal data for the purposes of sending advertising materials or direct selling or else for the performance of market or commercial communication surveys. Any request can be addressed to: Key Congress S.r.l., Via Makallé, 75 - 35138 Padova, Italy. For more information please go the web site www.keycongress.com.

I authorize the treatment and communication of my personal data as described above. I don't authorize the treatment and communication of my personal data as described above.

| | |
|-------|-----------|
| _____ | _____ |
| Date | Signature |