APPLICATION FORM

EURECA-CC2 - 2nd CONSENSUS CONFERENCE
Multidisciplinary rectal cancer treatments: looking for a European Consensus

Perugia, 11-13 December 2008

Fill in capital letters and send to Centro Servizi Congressuali C.S.C. S.r.l. Via L.S. Gualtieri, 11 - 06123 Perugia - Fax ++39 075 5730619 **by December 5th 2008.**

Personal Data

SURNAME* _____ TITLE * _____ NAME* _____

PROFESSION* _____

DISCIPLINE* _____

ADDRESS * _____

POST CODE.* _____ CITY* _____ COUNTRY.* _____

TEL*. _____ FAX _____ E-MAIL* _____

(only for italians for CME)

CF* |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Luogo di nascita* _____ Prov.* |_|_|

Data di nascita* |_|_| |_|_| |_|_|_|_|

*** Obligatory**

Data for invoicing (Hotel Booking only)

NAME _____

ADDRESS _____

POST CODE |_|_|_|_|_| CITY _____ COUNTRY _____

VAT NO. (IVA) _____ TAX FILE NO. _____

Hotel Booking

I wish to book N. |_|_| Double Room: Single Occupancy N. |_|_| Double Room ☐ ★★★★ ☐ ★★★	
Date of arrival |_|_| |_|_| 2008 Date of departure |_|_| |_|_| 2008	
N. |_|_| **4 star Room at € 145,00****	**€**
N. |_|_| **3 star Room at € 90,00****	**€**
TOTAL HOTEL BOOKING	**€** (1)

*** The cost per room is € 145,00 (for a 4 star hotel) of which € 125,00 as deposit and € 20,00 as agency fee or € 90,00 (for 3 star hotel) of which € 70,00 as deposit and € 20,00 as agency fee.*

Method of Payment

Bank transfer into the following account:

C.S.C. S.r.l.
Banca Popolare di Spoleto Agenzia di San Sisto Perugia - Via Tagliapietre, 3 - IBAN IT 86 O 05704 03002 000000001538

N.B. In the bank transfer specify: NAME OF CONGRESS and NAME OF PARTICIPANT

Credit Card ☐ VISA

n. |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| Expiry date |_|_| |_|_|

I hereby authorise the C.S.C. to charge to my credit card **€** |_|_|_|,|_|_| Write the amount from (1) Box

Date _____ ***Signature*** _____

C.S.C. S.r.l. will address the invoice to firm or company only in the presence of their written claim which should be attached to the application form, (indicating also all fiscal data), along with copy of paid bank transfer.

Date _____ ***Signature*** _____

PRIVACY LAW: permission is granted to manage, communicate, including by computer, all the data in this form only for the purposes of the Conference and, where applicable, for the CME programme (under the art.13 and 23 of the Decree Law 196/2003).

Date _____ ***Signature*** _____

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