



Registration Form (pag. 1/4)

To be returned filled within **2 September 2019** by fax to +39 050 0987825
or e-mail to frontUQ19@aicgroup.it

REGISTRATION FORM WITHOUT FULL PAYMENT WILL NOT BE ACCEPTED

1. REGISTRATION

Last Name _____ First Name _____

Place of Birth _____ Date of Birth _____

M.D. Ph.D. Mr. Mrs. E-mail _____

Organization _____ Division _____

Title _____ Mailing Address _____

Address _____ Town _____

Country _____ City _____

Zip code _____ Mobile phone _____

Telephone _____ Vat Registration Nr. _____

C.F. (Fiscal Code for Italian participants only) _____

REGISTRATION FEE (current 22% vat included as per law – subject to increasing)			
	EARLY REGISTRATION (BEFORE 10 JUNE 2019)	LATE REGISTRATION (BEFORE 2 SEPTEMBER 2019)	ON SITE
Regular Participant	€ 350,00	€ 450,00	€ 500,00
PhD or undergraduate student*	€ 200,00	€ 300,00	€ 350,00

**For registrations as PhD student a confirmation letter of a supervisor is necessary (document to be sent immediately after the registration to the Organizing Secretariat frontUQ19@aicgroup.it)*



REGISTRATION FEE INCLUDES: participation to the conference, lunches and coffee breaks mentioned in programme, Workshop Dinner, book of abstracts

WORKSHOP DINNER (12 September 2019):

Will you attend the dinner? Yes
 No

FOOD SPECIAL REQUESTS:

Dietary Restrictions: vegetarian
 others (please specify) _____

For special needs please contact: frontUQ19@aicgroup.it

CANCELLATION & REFUND

- Requests for refund must be received **within 2 SEPTEMBER 2019** by email to frontUQ19@aicgroup.it
- In case of cancellation a fee of € 50,00 will be charged
- Name changes will be accepted with a handling fee of € 50,00

TOTAL AMOUNT € _____ (PLEASE INDICATE AMOUNT DUE)





BY CREDIT CARD (IN EURO)

I authorize Asti Incentives & Congressi srl to charge on this credit card the total amount of payment according to the information included in this form and with my acceptance. I confirm that I have read and accepted the cancellation policy shown in Meeting Information.

Credit card information: Visa Mastercard

Card number _____ Exp Date _____

Cardholder's name _____ CVC code _____

Authorization Signature _____

BY BANK TRANSFER (IN EURO)

Domestic Bank Transfer

Account Holder: Asti Incentives & Congressi srl
Bank: Monte dei Paschi di Siena – Sede di Pisa
IBAN: IT95 D0103014000000002084433
Payment Description: **Delegate (full name) - FrontUQ19**

International Bank Transfer

Account Holder: Asti Incentives & Congressi srl
Bank: Monte dei Paschi di Siena – Sede di Pisa
IBAN: IT95 D0103014000000002084433
BIC or SWIFT: PASCITMMPIS
Payment Description: **Delegate (full name) - FrontUQ19**

Date _____

Full Name in block letters _____

Signature _____



ORGANIZING SECRETARIAT

A.I.C. Asti Incentives & Congressi

Piazza San Uomobono, 30 56126 Pisa – Italy Tel. +39 050 598808 Fax +39 050 0987825

Email: frontUQ19@aicgroup.it



2. INVOICE

Invoice will be issued by Asti Incentives & Congressi srl for ALL registrations – section below **MUST** be filled

Company Name or Participant name _____

Address _____

Social Security number or Personal Fiscal Code _____

VAT Registration number _____

Unique Code (for Elettronic Invoicing only for Italian participants) _____

PRIVACY Authorization

Yes

No

I hereby authorize A.I.C srl to the treatment of my personal data for all the aims related to the above mentioned congress and according to the Italian law art. 13 (Regolamento UE 679/2016).

Date _____

Full Name in block letters _____

Signature _____



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