

LEUKEMIAS/LYMPHOMAS: BIOLOGY DIAGNOSIS AND THERAPY

Induno Olona, Varese, Boscolo Hotel Porro Pirelli – September 21st-23rd, 2009

REGISTRATION FORM

Registration form without payment will not be accepted.

Please type or write in block letters:

Name _____

Surname _____

Profession/Title _____

Department/University/Company _____

Address _____

Private address _____

City _____ Zip code _____ Country _____

Telephone _____ Fax _____

E.mail _____

C.F. and P.IVA (only for italian participants) _____

Copy of the bank transfer receipt must be sent by fax (+39 0332 223747), together with the registration form.

I hereby give my consent to the Meeting Secretary to treat my data by electronic data recording and processing means in order to forward information. I declare that I have been informed in accordance with Section 13 of Legislative Decree 675/96 that I have the right, free of charge, and at any moment, to access my data, and request its updating and cancellation or object to its processing by writing to the Meeting Secretary Office: Canard srl - via Silvestro Sanvito 103 – 21100 Varese

CANCELLATION POLICY

Cancellation should be sent by fax to the Organizing Secretariat.

Cancellation before July 30th will be reimbursed totally.

Cancellation after August 1st will not be reimbursed.

Date _____ Signature _____

The registration form should be sent to:

Canard srl

Via Sanvito Silvestro 103

21100 Varese – Italy

Tel + 39 0332 228548

Fax + 39 0332 223747

info@canardsrl.it

www.canardsrl.it

Copy of the "Program" and "Registration form" is available on the web site: www.canardsrl.it

REGISTRATION BEFORE 15th JULY (VAT 20% INCLUDED)

Registration fee (tuition, lunches, dinner, coffee-breaks, € 650,00

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REGISTRATION AFTER 15th JULY (VAT 20% INCLUDED)

Registration fee (tuition, lunches, dinner, coffee-breaks, € 800,00

€

ACCOMMODATION – 3 nights

BOSCOLO HOTEL PORRO PIRELLI- conference site

Single room € 390,00

Double room € 420,00

Name of the accompanying person _____

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COLLEGE ACCOMMODATION – 3 nights

in Varese, bus transfer included to conference site

Single room € 150,00

Double room € 250,00

Name of the accompanying person _____

€

TOTAL DUE

€

Methods of payment

ENCLOSED FIND BANK CHEQUE IN FAVOUR OF Canard srl - Varese

CHEQUE NUMBER _____ Bank _____

BANK-to-bank transfer in favour of Canard srl - Bank: Credito Valtellinese – agenzia 1 via Crispi - Varese, Italy - Account n. 000000003510 - ABI Code 05216 - CAB Code 10801 - CIN Code D - IBAN Code IT46DO521610801000000003510

CREDIT CARDS: VISA-MASTERCARD AMERICAN EXPRESS

valid / to /

name: _____