

International Course on Basic, Laboratory and Clinical Aspects of Venous and Arterial Thromboembolic Diseases

Bormio (SO), Italy, Palace Hotel, March 29 - 31, 2009

REGISTRATION AND HOTEL ACCOMMODATION FORM

Please send this form to: N.L. Congressi s.r.l. – Via Di Filomarino, 6 – 00199 Rome, Italy

Fax +39.06.85.35.12.94 - E-mail: nl@nlcongressi.it

By March 22, 2009

PARTICIPANT DETAILS (Please use capital letters)

Title Prof., Dr, Mr, Mrs, Ms)

Surname Name

Specialization

C.F. (only for Italian participants)

Mailing address

.....

Area code City Country

Phone Fax

E-mail address

REGISTRATION FEES

By March 22, 2009: € 200 (VAT 20% included)

Registration fees will be collected by N.L. Congressi s.r.l. which will issue an invoice.

Please specify the billing data and the address where the invoice should be sent:

The hotel accommodation invoice will be issued by Palace Hotel upon departure.

HOTEL ACCOMMODATION - Palace Hotel ****

Single room: € 120,00

Double room: € 200,00

Prices are per night with half board treatment, beverage and taxes included. Our guests will have free access to the heated Swimming Pool, the Fitness Center, the Wellness & Beauty Center.

Guarantee/Payment of Hotel Reservation

Every reservation must be guaranteed by credit card. A reservation fee of € 15,00 (VAT 20% included) will be charged on the credit card upon confirmation of the booking. N.L. Congressi will issue an invoice for the charged reservation fee.

The credit card will be kept as guarantee for the hotel reservation but no further cost will be charged on it. The payment of the total nights booked will be requested by the hotel upon check out. The hotel will issue an invoice directly upon payment.

Cancellation policy

Any change or cancellation of the hotel reservation must be sent to N.L. Congressi. The Organizing Secretariat reserves the right to charge on the given credit card the following cancellation fees: - within January 15, 2009: only an administration cost (€ 15,00) will be charged - within March 10, 2009: only one night rate will be charged - after March 10, 2009: 100% of the foreseen accommodation will be charged.

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Surname _____ Name _____

Arrival date : _____ Departure date : _____

Single room Double room

I do not need Hotel accommodation (please inform us about your arrival and departure dates in any case)

TRANSFERS

Sunday, March 29:

Transfers will be organized from Milano Malpensa Airport and from Milano Linate Airport to Bormio from 8.00 a.m. to 4.00 p.m., each two hours approximately, for groups of at least 6 people.

Monday, March 31:

Transfers will be organized from Bormio to Milano Malpensa Airport and to Milano Linate Airport from 10.00 a.m. to 1.00 p.m. for groups of at least 6 people.

For your flight reservation please, consider that time distance from Milano Linate Airport to Bormio is approximately 2,15 hours and from Milano Malpensa Airport to Bormio approximately 2,30 hours.

The cost of the transfer is € 70 (VAT 20% included) per person (round - trip ticket)

Please note that additional transfers could be organized. Prices and availability will be forwarded upon request to nl@nlcongressi.it

I need a transfer from Milano Malpensa Airport to Bormio (Hotel Palace) and return.

I need a transfer from Milano Linate Airport to Bormio (Hotel Palace) and return.

Flight schedule - Please specify:

Arrival date/time _____

flight n° _____ from _____

Departure date/time _____

flight n° _____ to _____

PAYMENT (VAT 20% included)

Registration € _____

Hotel Reservation fee € _____

Transfers € _____

TOTAL AMOUNT € _____

Payment should be made in Euro. Please indicate which of the following means of payment you intend to use:

Bank Transfer: (please enclose copy of bank receipt)

Payment must be made out to N.L. Congressi s.r.l. - The payment transfer form should clearly state the name(s) of the delegate(s) and should clearly state: " Bormio 2009 "

Bank details: Unicredit Banca - Agenzia di Roma 730 - Piazzale Clodio, 65 - 00195 Roma, Italy

IBAN: IT 66 0 03002 03230 000010276331 - SWIFT: BROMITRDXXX

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Bank Cheque:

The cheque in Euro should be made out to N.L. Congressi s.r.l. and should be forwarded together with this form to: N.L. Congressi s.r.l., Via Di Filomarino, 6 – 00199 Roma, Italy.

Cheque number: Bank name:

Credit Card: Visa Mastercard Eurocard

Card number:

Expiration date: Sum total paid: €

Cardholder name:

Signature:

We regret that electronic cards cannot be accepted

Signature: Date:

Pursuant Information On Law 196/2003

N.L. Congressi srl, 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 in the Congress and/or to provide you with information regarding any other compatible activities organized by N.L.Congressi or by its associates.

Data treatment shall mean any operation, or set of operations, carried out with or without the help of electronic or automated means, and must guarantee the confidentiality and security of your personal data.

N.L. Congressi as data controller and/or processor may avail itself or its associates to carry out any of the following procedures: press releases, communications to clients, data processing and computer-based consultation. The data can be communicated to scientific associations, relative public or private agencies related to CME(Continuing Medical Education), financial and banking intermediaries, as well as companies participating in the Congress 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 in the Congress. Under section 7 of the Legislative Decree no. 196 of 30 June 2003 you have the right to object to the processing of your personal data for the purposes relevant to the collection, for purposes of sending advertising materials or direct selling or else for the performance of market or commercial communication surveys. Any requests can be addressed to N.L. Congressi – Via Di Filomarino, 6 – 00199 Roma

I authorize the treatment and communication of my personal data as described above.

Date: Signature: