



# EUGA Congress Registration Form

## Special rate for Italian residents only

To ensure your Congress registration, please complete this form and email it or fax it to the Organising Secretariat.  
 Email: [euga@defoe.it](mailto:euga@defoe.it), Tel: +39 0523 338391, Fax: +39 0523 1860018

### PERSONAL DATA

<b>*all fields are mandatory</b>	
First Name*	Last Name*
Place of Birth*	Date of Birth*
Profession*	Practice Specialty*
Address*	
City/State*	Postal Code*
Phone*                      Fax	Email*
Registration Body                      Registration N°	Sponsor Invitation (name)

### INVOICING DATA

First Name*	Last Name*
or Company Name*	Vat Code*
Tax Code*	Address*
City/Country*	Postal Code*
E-mail*	Phone*

### HOW TO REGISTER

Please send the registration form to the organising secretariat together with your payment by **30<sup>th</sup> September, 2018**. Registration fees are set as follows: All fees are in Euros, VAT free (for Participants and Companies) and registration includes: certificate of attendance, coffee breaks, lunches, access to exhibitions, workshops (except laparoscopic sacrocolpopexy), EUGA Dinner.

<b>EUGA DINNER   Please tick the box:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
The EUGA dinner is meant to be as an additional benefit, included in the registration fee, granted by EUGA to the congress delegates and industry representatives. Participation to EUGA dinner must be confirmed during the registration process and no later than 15 September. We rely on you to help us to minimize our losses by fulfilling your commitments. If at a date closer to the meeting you do not intend to participate in this activity please let us know. In case of group registration, please contact the organizing secretariat.	

Date	Resident
Until 30 <sup>th</sup> September	€165

<b>Choose your favourite workshop by ticking the correspondent box</b>	
Urodynamics	<input type="checkbox"/>
Laparoscopic Sacrocolpopexy – € 50	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>
Pelvic Physiotherapy	<input type="checkbox"/>

### Bank Transfer Payment

CARIPARMA E PIACENZA | Branch 0 - Via Farnesiana, 58 Piacenza  
 BBAN: E 0623012614000040340765 -Swift Code: CRPPIT2P100 (International bank details) | IBAN: IT 89E0623012614000040340765 (Italian bank details). The Organizing Secretariat is not liable if any banking fees apply when processing bank transfers.  
 Please specify "Last Name + EUGA 2018" on payment description when processing the bank transfer and return the registration form and any receipts to the organizing secretariat either via fax (+39.0523.1860018) or e-mail [ad@defoe.it](mailto:ad@defoe.it).

### Credit Card Payment

For VISA, CartaSI and Mastercard payments please contact the organising secretariat at [ad@defoe.it](mailto:ad@defoe.it)

**Cancellation Policy:** registration fees are partly refundable by 30<sup>th</sup> June 2018, as 25% of the whole fee will be retained. After this date, no refund will be issued.

**Use of personal data** - I hereby authorize the use of my personal data in compliance with International Regulations on data privacy.

I have no objections in sharing my data with third parties involved in Meeting Organization and/or services, e.g. pharmaceutical or medical appliance industries   

I / The undersigned

**give consent**     **deny consent**

to disclose my personal data, which are to be treated by Defoe SRL, in compliance with policies and purposes indicated in Defoe disclaimer on privacy policy, available at [www.defoe.it](http://www.defoe.it)

**give consent**     **deny consent**

to disclose my personal data, to third parties or companies requesting them – within limitations and restrictions mentioned in Defoe disclaimer on privacy policy – if those data are needed to comply with legally binding obligations.

**give consent**     **deny consent**

to disclose my personal data to sponsoring companies, when formally requested

**give consent**     **deny consent**

to disclose my personal data, to receive information on this or any future educational events

Place and date \_\_\_\_\_

SIGNATURE \_\_\_\_\_