



PANCREAS CANCER 2008

REGISTRATION FORM

Rome, April 7-9, 2008 – "Campus Bio-Medico University of Rome"

To be returned not later than March 16, 2008

Please fill in this form (one form per participant) and send it by fax or e-mail with payment (copy of the cheque, copy of the bank transfer or credit card details) to: TRIUMPH CONGRESSI S.r.l. - Via Lucilio, 60 – 00136 Rome, Italy
Mrs Francesca Ciampini Tel.: +39 06 35 53 02 67 - FAX +39 06 35 53 02 64 - E-mail: registration@gruppotriumph.it

1. PERSONAL DATA please type or print in capital letters

Family name _____ First name _____ M F

Institution _____

Address _____

Post Code _____ City _____ Country _____

Telephone: _____ Fax: _____ E-mail: _____

2. REGISTRATION FEES – Are in Euros and VAT included.

Participant and Nurse Registration Includes: Admission to the Scientific Session, Congress Kit, Abstracts book, Coffee Breaks, Working Lunches
Resident Registration Includes: Admission to the Scientific Session, Congress Kit, Abstracts book, Coffee Breaks
Student Registration Includes: Admission to the Scientific Session, Abstracts book, Coffee Breaks

CATEGORY	EARLY FEE till 17/02/08	LATE FEE till 16/03/08	ON SITE FEE	TOTAL
Participant	<input type="checkbox"/> Euro 420,00	<input type="checkbox"/> Euro 480,00	<input type="checkbox"/> Euro 600,00	
Nurse	<input type="checkbox"/> Euro 300,00	<input type="checkbox"/> Euro 300,00	<input type="checkbox"/> Euro 300,00	
Resident*	<input type="checkbox"/> Euro 150,00	<input type="checkbox"/> Euro 150,00	<input type="checkbox"/> Euro 150,00	
Student*	Free	Free	Free	

General Total Euro:

* A copy of certificate issued by the University is required to verify the participant's eligibility.

3. FISCAL DATA FOR INVOICE

Invoice Heading.....

Address.....

City/ Post Code/Country.....

Fiscal Code*.....

VAT Number*.....

*** OBLIGATORY for Italian participants**

4. PAYMENT AND CANCELLATION POLICY

METHODS OF PAYMENT - Payments can be remitted as follows:

- Euro cheque:** In Euro only payable to Triumph Congressi Srl.
- Bank transfer:** In Euro only payable to Triumph Congressi Srl
Banca delle Marche, Rome branch, Via Romagna, 17- Rome, Italy - IBAN: IT69 M060 5503 2000 0000 0015 322 - SWIFT: BAMAIT3A
Please enclose the registrant's name written clearly, stating REGISTRATION FEE PANCREAS CANCER 2008
PAYMENT HAS TO BE MADE WITH THE INSTRUCTION "WITHOUT CHARGES TO THE BENEFICIARY"

Credit card: I authorize Triumph Congressi Srl to debit my:

- VISA MASTER CARD

Credit card number: CVV2:

Expiry date: /

Cardholder's name:.....

Cardholder's signature (valid as authorization):.....

Cancellation policy:

Cancellation should be made to the Organizing Secretariat in writing either by letter, fax or e-mail.

The amount of refund will depend on the date of cancellation as it follows: registration fees are refundable of 50% for administration charges, for cancellation before March 2, 2008. No refund is due after such date. Please note that all the refunds will be handled after the Congress.

Signing this form and well informed on the legislative decree No. 196/2003 concerning "personal data processing" – particularly on the articles 4, 13, 21, 23, 24, 27, 37, 43, 44, 45, e 137 - I authorize Triumph Congressi s.r.l. until written revocation to process and divulge my personal data within the limits of the above-mentioned legislative decree and in accordance with the procedure laid down by the legislative decree. I give my assent provided that Triumph Congressi s.r.l. complies with the regulations in force.

Signature _____ Date _____

I do not want that my personal data are divulged to third parts, being understood that those will be communicated to the Societies that manage the courses, to issue the receipt for payment made for the registration, so as to the hotels in case an hotel reservation has been requested.

Signature _____ Date _____