

X MAMMI INTERNATIONAL MEETING

DIAGNOSTIC AND MINI-INVASIVE SPINE TREATMENTS

Cagliari, 11-12-13 December 2023 Radiology Unit Cagliari, Trinità Hospital

Send the registration form, duly filled in (block letters), by email to segreteria@eventiecongressi.net, along with the bank transfer receipt.

REGISTRATION FORM

Surname* _____ Name* _____
Date of birth* _____ Place of birth* _____
Address _____
City _____ State _____
Mob. Phone* _____
e-mail* _____
Specialization in _____

* Fields marked by * are required

MANDATORY DATA FOR INVOICE

Company: _____
Address _____
VAT no.: _____
SDI (for Italian companies): _____

REGISTRATION FEE FOR 3 DAYS

Fee includes: conference kit, certificate of attendance, CME Certificate, participation to the 3-day course including Hands on sessions, coffee breaks and working breakfasts. Both will be served outside the plenary room and they consist of coffee, croissant, juices, fruit, sandwiches and water.

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|---|--------------------------|
| <input type="checkbox"/> SIRM/AINR MEMBER | €360,00 + VAT (€ 439,20) |
| <input type="checkbox"/> NON MEMBER | €720,00 + VAT (€ 878,40) |
| <input type="checkbox"/> RESIDENT | €240,00 + VAT (€ 292,80) |

METHOD OF PAYMENT: BANK TRANSFER to E&C srl E&C srl - Via G. Gabetto, 8 - 80026 Casoria (NA)
IT 92 W 0542439841 00000 1000 574 (Codice BIC/SWIFT: BPBAIT3B)

Date _____

Signature _____