

# XI MAMMI INTERNATIONAL MEETING

## DIAGNOSTIC AND MINI-INVASIVE SPINE TREATMENTS

Cagliari, 8, 9, 10 December 2024 Radiology Unit Cagliari, Trinità Hospital

Send the registration form, duly filled in (block letters), by email to [segreteria@eventiecongressi.net](mailto: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 (only 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.

- |  |                          |
|--|--------------------------|
| <input type="checkbox"/> SIRM/AINR/ESNR 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 \_\_\_\_\_