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EUROPEAN THROMBOSIS RESEARCH ORGANIZATION

# XI ETRO Advanced Teaching Course Thrombosis: a multidisciplinary approach

18-23 September 2011, Campobasso, Hotel Centrum Palace, Italy

## REGISTRATION AND HOTEL ACCOMMODATION FORM

Please send this form **by September 3, 2011** 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 - www.nlcongressi.it

### PARTICIPANT DETAILS (Please use capital letters)

Surname ..... Name .....

Degree .....

C.F. (only for Italian participants) .....

Institution .....

Mailing address .....

Area code ..... City ..... Country .....

Phone ..... Fax .....

E-mail address ..... Mobile phone .....

### REGISTRATION FEES for each participant including 5 nights in full board treatment (VAT 20% included)

Type of room	Non ETRO member	ETRO member*
double room	€ 600	€ 540
double room single occupancy	€ 696	€ 636

**All fees will be increased by 50 euros  
for registrations received after July 30, 2011**

\* Reduced registration fee for ETRO members with regular payment of annual fee.

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:

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# HOTEL ACCOMMODATION:

## HOTEL CENTRUM PALACE

www.centrumpalace.it

Surname ..... Name .....

Arrival date: ..... Departure date: .....

Double room single occupancy

Double room - specify the name of the roommate: .....

### PAYMENT

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 "ETRO 2011"

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

IBAN: IT 54 F 02008 05133 000110077887 - SWIFT: UNCRITM1730

**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 ..... Date .....

We regret electronic cards cannot be accepted.

### CANCELLATION POLICY

Notification of cancellation must be sent in writing to the Conference Organiser (nl@nlcongressi.it).

Cancellations will be accepted until July 15, 2011 at no charge; from July 16 to September 10, 2011 with a refund of 50% of the prepaid fees. After this date, no refunds will be made.

### Pursuant Information On Law 196/2003

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

Date ..... Signature .....