



EUSPM REGISTRATION FORM

(please print – fill in the form and send with a copy of a bank transfer to fax nr : +39026686699)

Title: Mrs Ms Mr Dr. Pr.
Last Name: _____ First Name: _____
Full mailing address: _____
ZIP or postal code: _____
City: _____ Country: _____
Phone: _____ Mobile: _____
Fax.: _____ E-mail: _____

REGISTRATION FEE FOR 2012

<input type="checkbox"/> Full Registration – Member	€ 50
<input type="checkbox"/> Young registration *	€ 25

* delegates under 35 years old , will be asked for a copy of personal ID card or passport to be sent together with the registration form

METHODS OF PAYMENT

Bank transfer to

MZ Congressi s.r.l
Banca Intesa San Paolo
Via C.Farini 56 , 20159 Milano, Italy
IBAN Code: IT 47 V 03069 09474 000011960146
SWIFT Code: BCITIT33112

Date _____ Signature _____

DETAILS FOR ISSUING A RECEIPT (if different from personal datas)

Receipt addressed to: _____
Address: _____ ZIP Code: _____
City: _____ State & Prov.: _____
VAT number: _____

The receipt must be sent to (if to a different address than the one indicated above):

Address: _____ ZIP Code: _____
City: _____ State & Prov.: _____

PRIVACY

- I authorise to handle my personal data for the services connected to this form. EUSPM declares that these datas won't be given to anyone who is not strictly connected to the pursuit of the aim of this form.

IMPORTANT: if this authorisation is denied, it won't be possible to proceed with the registration to the event.

Date _____ Signature _____

- I authorise to handle my personal data for marketing purposes (expedition of information material on congresses and events organised by EUSPM) EUSPM declares that these datas won't be given to anyone who is not strictly connected to the pursuit of the aim of this form.

Date _____ Signature _____