

# EUROEPI2010

EPIDEMIOLOGY AND PUBLIC HEALTH IN  
AN EVOLVING EUROPE  
and XXXIV NATIONAL CONGRESS OF THE  
ITALIAN EPIDEMIOLOGICAL ASSOCIATION (AIE)

FLORENCE



6 - 9 November 2010

## REGISTRATION FORM

Please complete this form using block letters and send it to:

OIC srl, Viale Matteotti 7, 50121 Florence, Italy

**before 22 October, 2010**

Tel. + 39 055 50351 - Fax + 39 055 5035230

registration@euroepi2010.org

This form is also available on the web site: [www.euroepi2010.org](http://www.euroepi2010.org)

### 1. PARTICIPANT DATA

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Institution \_\_\_\_\_

Home address \_\_\_\_\_

Zip code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Tel. \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### 2. FEES

REGISTRATION FEE (VAT included) and ANNUAL MEMBERSHIP AIE	Before 20 September, 2010	After 20 September, 2010 and on site
IEA Members*	€ 400,00	€ 440,00
Non-members	€ 420,00	€ 460,00
IEA Members (Under 40)* <sup>§</sup>	€ 290,00	€ 330,00
Non-members (Under 40) <sup>§</sup>	€ 310,00	€ 350,00
	<b>TOTAL 2.</b>	<b>€</b>

\* The reduced fee will apply only to IEA members who have regularly paid the annual membership fee.

<sup>§</sup> Born after 1 January 1970. Please attach a copy of identity document

The Annual membership fee (€ 90,00 for Under 40 and € 150,00 for the others) of the Italian Epidemiological Association (AIE) is compulsory in order to participate in the meeting.

### 3. HOTEL ACCOMMODATION

Please reserve:

Nr. .... Single/Double for single use room/s  Nr. .... Double room/s  
From (date of arrival)..... To (date of departure).....

Deposit includes handling fee (€ 20,00 VAT 20% incl.)

HOTEL CATEGORY	Deposit required per room	Nr. of rooms	Total €
<input type="checkbox"/> ****	€ 180,00	X Nr. ....	€
<input type="checkbox"/> ***	€ 130,00	X Nr. ....	€
<input type="checkbox"/> **	€ 110,00	X Nr. ....	€
		<b>TOTAL 3.</b>	<b>€</b>

If the number of required rooms exceeds 5 units please do not use this form but apply to the Organising Secretariat. Please indicate here an alternative category in case the chosen category is fully booked: .....

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### 4. SOCIAL PROGRAMME

Please note: due to space limitation also events included in the registration fee must be reserved.  
Tickets will be assigned on a first-come first-served basis.

EVENTS (VAT included)	Price per person	Nr. of persons	Total €
<input type="checkbox"/> Opening Ceremony, Saturday 6 November 2010	Included in the registration fee	X Nr. ....	-
<input type="checkbox"/> Concert, Sunday 7 November 2010	Included in the registration fee	X Nr. ....	-
<input type="checkbox"/> Social Dinner, Monday 8 November 2010	€ 55,00	X Nr. ....	€
<b>TOTAL 4.</b>			<b>€</b>

**TOTAL TO BE PAID (sum of Totals 2. + 3. + 4.)**

€ \_\_\_\_\_

### PAYMENT BY

Credit card       VISA       MASTERCARD       AMEX

Card No. \_\_\_\_\_ Exp. date \_\_\_\_\_

Security code (last 4 digits on the front of the card, AMERICAN EXPRESS only) \_\_\_\_\_

Security code (last 3 digits on the back of the card, VISA and MASTERCARD only) \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Bank transfer to: OIC srl, Cassa di Risparmio di Firenze, Ag. 1, Viale Matteotti 20/r - 50132 , Florence  
IBAN IT39S0616002801000010628C00, SWIFT CRFiiT3F

No charges to the recipient.

A copy of the bank transaction has to be sent together with the registration and accommodation form to OIC Srl by fax or e-mail.

The sender's full name and address must be clearly stated in the transfer order as well as the payment purposes.

Please head invoice to \_\_\_\_\_

Address \_\_\_\_\_

Fiscal / VAT code (MANDATORY for Company/Travel Agency) \_\_\_\_\_

Please send me a copy of the invoice:  by e-mail as a PDF file      or       hard copy to my postal address

### ATTENTION:

Registrations and hotel accommodation booking can be considered valid only after having received the payment.  
Forms without proof of payment will not be processed.

*DECLARATION - Your signature is mandatory in order to process your registration!*

*According to art. 13/Law 196/2003, OIC srl and OIC Way srl are authorised to use my personal data for purposes connected to Congress management. I also confirm that I have understood the cancellation, payment and refund policy for individual registration as well as the hotel reservation terms and conditions specified in the announcement.*

Date \_\_\_\_\_

Signature \_\_\_\_\_