



# APPLICATION FORM

## EFIC® Bergamo Pain School 2017

Please use CAPITAL letters when completing this form  
Please save a copy of this document for your own record

<b>REGISTRATION</b>	<input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Last name:		First name(s):		Nationality:	
	Date of birth:		Place of birth:		Country:	
	Address:		City:		Country:	
	Mobile (compulsory):		E-mail (compulsory):		FAX:	
	Medical Specialty:			Food intolerance/Special food needs (please specify):		
	If VISA needed - Please send me Invitation Letter within: ___/___/____ (Passport copy required)					
<b>ACCOMMODATION</b>	Arrival Date:		Departure date:		N. of nights:	
	<p><b>HOTEL 4*</b> IF YOU'RE SHARING THE DOUBLE ROOM WITH ANOTHER PARTICIPANT YOU WILL NOT PAY ANY EXTRA-CHARGE. (City tax included) *Extra-charge for single room: € 55.00 per night **Accompanying Person in twin/double room B&amp;B: € 65.00 per night Last Name:       First Name(s):       Phone :      </p> <p>Extra nights in addition to 4 nights covered by the EFIC Grant/Registration Fee: Single Room: € 110.00 per night - Double Room: € 130.00 per night per room</p>				Please tick as preferred <input type="checkbox"/> Single room B&B  <input type="checkbox"/> Double room B&B	
<b>INVOICING TO..</b>	Complete Name or Company Name:					
	Address:		City:		Postal code:	
	Date of birth:		Place of birth:		Country:	
	Mobile (compulsory):		E-mail (compulsory):		FAX:	
	VAT CODE:					

<b>PAYMENT METHOD</b>  All payments must be in EURO only and made payable to Defoe by using one of the following methods:	<b>REGISTRATION FEE</b>		<input type="checkbox"/> EFIC Grant* <input type="checkbox"/> Registration Fee* 1.000,00€** <small>*Fee includes certificate of attendance, EACCME, coffee breaks, lunches and dinners, accommodation.          **All costs are in Euro, VAT free (for Participants and Companies).</small>					
	<input type="checkbox"/> Bank Transfer		<input type="checkbox"/> Credit Card*					
	DEFOE S.r.l. Bank: CARIPARMA E PIACENZA BBAN: E 0623012614000040340765 IBAN: IT 89 E062 3012 6140 0004 0340 765 Swift Code: CRPPIT 29100		Kind of card:	Last name:	First name(s):			
			Credit card number:	Expiry date (month/year):	Security code (last 3 numbers listed on the back):			
<small>* We will charge the amount on your credit card only after we receive your authorization and confirmation of the reservation.</small>								
<b>TRANSPORTATION INFORMATION</b>  <b>Suggested Airports:</b> - Orio al Serio Bergamo Airport (6 km far) - Milano Linate Airport (50 km far) - Bergamo Train Station (300 m far)	<b>ARRIVAL</b>	<input type="checkbox"/> by car <input type="checkbox"/> by train <input type="checkbox"/> by plane <input type="checkbox"/> others (please specify _____ )						
		Expected date and time of arrival at the hotel in Bergamo* _____						
		<small>* NO TRANSFER will be provided on arrival day. Please let us know your arrival time in order to organize the welcome reception at best.</small>						
	<b>DEPARTURE</b>	<input type="checkbox"/> by car <input type="checkbox"/> by train <input type="checkbox"/> by plane <input type="checkbox"/> others (please specify _____ )						
			Date	Airport/Station	Time	N° flight - Terminal	Directed to	Company
		Flight/ train details**:						
Accompanying person(s) <input type="checkbox"/> YES <input type="checkbox"/> NO								
<small>** A TRANSFER FROM BERGAMO WILL NOT BE PROVIDED at the end of the school lessons to the Bergamo International Airport.          Please book your flights/trains starting from 1.00 PM - see the "Vademecum of participants" for more info (you will receive it before the course starts).</small>								

Date, Signature \_\_\_\_\_

Please return this form to: [efic@defoe.it](mailto:efic@defoe.it) or by fax at 0039.0523.1860018

