



APPLICATION FORM

EFIC PAIN SCHOOL 2016

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

REGISTRATION	<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:	Postal code:	Country:	
	Mobile (compulsory):		E-mail (compulsory):		FAX:	
	Medical Specialty:			Food intolerance/Special food needs (please specify):		
	VISA needed - Please send me Invitation Letter within: ___ / ___ / _____ (Passport copy required)					
ACCOMMODATION	Arrival Date:		Departure date:		N. of nights:	
	HOTEL 4* - Bergamo <input type="checkbox"/> Single room B&B <input type="checkbox"/> Double room B&B		IF YOU'RE SHARING THE DOUBLE ROOM WITH ANOTHER PARTICIPANT YOU WILL NOT PAY ANY EXTRA-CHARGE.			
INVOICING TO..	Complete Name or Company Name:					
	Address:		City:	Postal code:	Country:	
	Date of birth:		Place of birth:		Country:	
	Mobile (compulsory):		E-mail (compulsory):		FAX:	
	VAT CODE:					

PAYMENT METHOD All payments must be in EURO only and made payable to Defoe by using one of the following methods:	REGISTRATION FEE		<input type="checkbox"/> EFIC Grant* <input type="checkbox"/> Registration Fee* 1.200,00€** <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>								
TRANSPORTATION INFORMATION	ARRIVAL	<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>						
	DEPARTURE	<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 6.30 PM - see the "Vademecum of participants" for more info (you will receive it before the course starts).</small>								

Date, Signature _____