



APPLICATION FORM

EFIC MONTESCANO PAIN SCHOOL 2015

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: (EFIC Grant/Registration Fee covers only 4 nights) | |
| | HOTEL 4* - Bergamo <input type="checkbox"/> Single room B&B* <input type="checkbox"/> Double room B&B | | If YOU'RE SHARING THE 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&B: € 65.00 per night Last Name: _____ First Name(s): _____ Phone : _____ 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 | | | |
| 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: | | | | | |

