



APPLICATION FORM

EFIC® Bergamo Pain School 2018

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:		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)					
ACCOMMODATION	Arrival Date:		Departure date:		N. of nights:	
	<p>HOTEL 4* near the Course Venue IF YOU'RE SHARING THE DOUBLE ROOM WITH ANOTHER PARTICIPANT YOU WILL NOT PAY ANY EXTRA-CHARGE. IF YOU PREFER TO NOT SHARE THE ROOM WITH ANOTHER PARTICIPANT YOU WILL PAY AN EXTRA-CHARGE. *Extra-charge for single room: € 70.00 per night **Accompanying Person in twin/double room B&B: € 80.00 per night Last Name: _____ First Name(s): _____ Phone : _____ Extra nights in addition to 4 nights covered by the EFIC Grant/Registration Fee: Single Room: € 145.00 per night - Double Room: € 160.00 per night per room</p>				Please tick as preferred (mandatory) <input type="checkbox"/> Single room B&B (extra -charge) <input type="checkbox"/> Sharing Double room B&B (with another EFIC participant, same gender) <input type="checkbox"/> Double room B&B with accompanying person (extra -charge)	
INVOICING TO..	Complete Name or Company Name:					
	Address:		City:		Postal code:	
	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* 1.250,00€** <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 Suggested Airports: - Orio al Serio Bergamo Airport (6 km far) - Milano Linate Airport (50 km far) - Bergamo Train Station (300 m far)	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 2.00 PM on 11th October 2018 See the "Vademecum of participants" for more info (you will receive it before the course starts).</small>								

Date, Signature _____