



**7th International Course
on Functional and Aesthetic Surgery of the Nose
- LIVE SURGERY -**

Imola (Bologna), Italy - October 21-24, 2018

www.imolarhinoplasty2018.com



REGISTRATION FORM

Please fill in this "Registration Form" and send it together with the receipt of payment to the Organizing Secretariat:

A&R Eventi sas Via Renato Benassi 28 - 40068 San Lazzaro di Savena Bologna, Italy

Tel. +39 051 47 42 38

Fax +39 051 48 39 525

E-mail: clara@areventi.com www.areventi.com

Name _____ Surname _____

Fiscal code compulsory for Italian delegats

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Private Address _____

Zip Code _____ Town _____ Country _____

Tel. _____ Fax _____ E-mail _____

Hospital/Institution/Company _____

Department _____

Address _____

Zip Code _____ Town _____ Country _____

REGISTRATION FEES

Early registrations (by September 15^h, 2018)

- Regular € 800,00
- ERS/EAFPS/IAR/PAAFPRS/AICEF Members € 720,00
- Residents € 400,00
Student Status required at: clara@areventi.it
- Attendees from Asia/Latin America*/Eastern Europe** € 500,00

Late registrations (from September 16th, 2018) and on-site registrations

- Regular € 900,00
- ERS/EAFPS/IAR/PAAFPRS/AICEF Members € 820,00
- Residents € 500,00
Student Status required at: clara@areventi.it
- Attendees from Asia/Latin America*/Eastern Europe** € 550,00

* Argentina, Belize, Bolivia, Brazil, Caribbean Islands, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, El Salvador, Ecuador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Porto Rico, Suriname, Uruguay, Venezuela

** Albania, Baltic Republic, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Hungary, Macedonia, Moldova, Poland, Romania, Russian Federation, Serbia and Montenegro, Slovakia, Slovenia, Ukraine

INVOICING DETAILS

Name/Company _____

Address _____

Fiscal Code _____

VAT number/Tax payer _____

Zip Code _____ Town _____ Country _____

I declare to have been recruited by a sponsor which has supported my expenses for registration, travel and / or overnight:

Yes No If yes, indicate the sponsor's name _____

METHOD OF PAYMENT

Bank Transfer made out to "A&R Eventi sas" - **All bank charges should be cleared by participants**

Bank: Cariparma Credit Agricole **IBAN:** IT70G0623002409000046397573 **Swift Code:** CRPPIT2P300

Please ensure that your name and reference "7th International Course-AB18" are quoted in your bank transfer instruction and send a copy of this instruction, together with the Registration Form, at the following fax no. +39 051 48 39 525

Privacy: the collection and utilization of personal data is according to the Italian law n. 196/2003

Date _____

Signature _____