

REGISTRATION FORM

SEVENTH INTERNATIONAL MEETING HIV INFECTION OF THE CENTRAL NERVOUS SYSTEM

NeuroHIV2017

OCTOBER, 12-14 2017

POLLENZO-BRA (CN), ITALY

Fill in using block letters and send
within October, 11th

Registration on-line:

www.neurohiv.com

ALL THE FOLLOWING DATA ARE REQUESTED

Name Surname
Profession Discipline
Hospital Address
Postal Code Town/City Province
Tel. Mobile Tel.
Fax E-mail

INVOICE INFORMATION (MANDATORY) - Invoice headed to:

Name/Last name or company name
Address
Postal Code Town/City Province
VAT Number Fiscal Code
Birth date Birth place

REGISTRATION FEES

Early Registration before September, 18th Euro 366,00 (€ 300,00 + 22% VAT)

Late Registration after September, 18th Euro 427,00 (€ 350,00 + 22% VAT)

METHOD OF PAYMENT

Bank transfer headed to Nadirex International S.r.l. - c/o: Banca Ubi Banca - Filiale Pavia Porta Cavour
Cab 11305 - Swift Code: BLOPIT22634 - IBAN: IT48A031111305000000030112

Credit Card: Visa - Master Card - American Express

Card Number CV2 code Expiry date

Credit Card holder Signature

I authorise the use of my personal data in accordance with Legislative Decree 196/2003

Date..... Signature