



REGISTRATION FORM

CME Provider Nr. 265: Nadirex International S.r.l. - The request for CME credits has been forwarded to the Italian Ministry of Health for 200 participants, for: Physician - Biologist - Nurse - Midwife - Veterinarian

Nr. 265-232974 - Nr. 12,6 CME credits

Fill in using capital letters and send with payment to:
 NADIREX INTERNATIONAL s.r.l.
 Via Riviera, 39-27100 Pavia
 Fax. +39.0382.525736 - francesca.granata@nadirex.com

PLEASE COMPLETE THE FOLLOWING DETAILS

Name

Surname

Profession Discipline

Institution

Address

Postal Code Town/City Province

Tel. Mobile Tel. E-mail

INVOICE INFORMATION (Mandatory)

Invoice headed to Name/Last name or company name:

Address

Postal CodeTown/City Province State

VAT Number Fiscal Code

Birth date Birth place

REGISTRATION FEES (VAT 22% included)

Type of registration	Within July 31st 2019	After July 31st 2019
PHYSICIAN, BIOLOGIST, MIDWIFE, VETERINARIAN	<input type="checkbox"/> € 244,00 (€ 200,00 + 22% VAT)	<input type="checkbox"/> € 305,00 (€ 250,00 + 22% VAT)
STUDENTS*	<input type="checkbox"/> € 122,00 (€ 100,00 + 22% VAT)	<input type="checkbox"/> € 183,00 (€ 150,00 + 22% VAT)

* Students are kindly requested to provide an official proof of the status from the Institution / Hospital they practice their speciality in.

METHODS OF PAYMENT

BANK TRANSFER made payable to: Nadirex International S.r.l.
 IBAN: IT48A0311111305000000030112 - Swift Code: BLOPIT22634

CREDIT CARD: VISA MASTER CARD AMERICAN EXPRESS
 Number CV2 code Expiry date

Card holder's name (in capital letters) Signature

REQUEST FOR EXEMPTION FROM VAT (Art. 10 comma 20 D.PR. 637/72) Stamp

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

Date Signature