

## SICPRE MEMBERS

### Rome Breast Symposium 2018

June 13-15, 2018

#### CONGRESS DATES:

June 13<sup>th</sup>: from 14.05 to 19.00  
June 14<sup>th</sup>: from 08.30 to 18.30  
June 15<sup>th</sup>: from 08.30 to 13.30

#### RECONSTRUCTIVE Pre Congress Courses

June 12<sup>th</sup>: from 13.30 to 15.30  
June 12<sup>th</sup>: from 16.00 to 18.00  
Videoconference from NY – USA: from 18.00 to 19.00

#### AESTHETIC PreCongress Courses

June 13<sup>th</sup>: from 08.00 to 10.00  
June 13<sup>th</sup>: from 10.30 to 12.30

#### Send back to Organizing Secretariat: ALFA FCM Srl

Via Paolo Emilio 10, 00192 Rome - Italy  
Tel: +39 06.87757099  
Fax: +39 06.30194035  
E-mail: [secretariat@romebreastsurgery.it](mailto:secretariat@romebreastsurgery.it)

#### PERSONAL INFORMATION

*All Field are required for Italian CME Credits*

Name \_\_\_\_\_ Surname \_\_\_\_\_  
Complete Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Professional Occupation \_\_\_\_\_  
Specialization \_\_\_\_\_  
Organization \_\_\_\_\_

#### ENVOY'S DATA

*If different from the Anagraphic Data*

Name of Company/Organization \_\_\_\_\_  
Fiscal Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
VAT Number \_\_\_\_\_

## ITALIAN PARTICIPANTS ONLY

Intendo far richiesta dei crediti ECM in qualità di:

Medico Chirurgo

Infermiere

Per la Professione di Medico Chirurgo, indicare una delle seguenti Discipline:

Dermatologia e Venereologia

Chirurgia Plastica e Ricostruttiva

Chirurgia Toracica

Chirurgia Generale

Oncologia

Ginecologia e Ostetricia

## REGISTRATION FEES

**Early Registration:** until 30<sup>th</sup> April 2018

**Late Registration:** from 1<sup>st</sup> May 2018 until 31<sup>th</sup> May 2018

\* **All Registration Fees include Taxes**

\*\* **On Site Registration – no Credit Cards accepted**

### REGISTRATION FOR PHYSICIANS

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 Pre Congress Meeting ... ...	2 Pre Congress Meetings ... ...	3 Pre Congress Meetings ... ...	4 Pre Congress Meetings	4 Pre Congress Meetings + Congress	Congress
<b>Early</b>	€ 70,00	€ 125,00	€ 175,00	€ 210,00	€ 420,00	€ 245,00
<b>Late</b>	€ 85,00	€ 140,00	€ 195,00	€ 240,00	€ 475,00	€ 350,00
<b>On Site</b>	not possible	not possible	not possible	not possible	not possible	€ 525,00

°°° Please specify title/titles of the Pre-Congress Meeting you would like to register to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### REGISTRATION FOR NURSES

	Congress
<b>Early</b>	€ 70,00
<b>Late</b>	€ 210,00
<b>On Site</b>	€ 315,00

## REGISTRATION FOR RESIDENTS

	Congress
<b>Early</b>	€ 175,00
<b>Late</b>	€ 210,00
<b>On Site</b>	€ 315,00

## REGISTRATION INCLUDES

▪ Badge ▪ Congress kit ▪ Congress participation ▪ Coffee break, Coffee Point and Lunch included in the Program ▪ Participation Degree

## HOTEL ACCOMMODATION

In order to have the participant exclusive rates, we praise you to contact the Organizing Secretariat.

## PAYMENT

### Bank Transfer

C/C di Banca del Fucino, Sede di Roma (Via Tomacelli 106 – Roma)

Intested to: Alfa FCM Srl

IBAN: IT 34 P 03124 03210 000 000 237 335

BIC/ SWIFT CODE: BAFUITRRXXX

## **CAUSE:**

NAME AND LAST NAME OF THE PARTICIPANT - RBS 2018 SICPRE. REGISTRATION AS \*\*\*\*\*

\* *Write Occupation And Type Of Registration (i.e: Physician Early Registration)*

## IMPORTANT:

- ⇒ SEND A COPY OF THE PAYMENT TO THE ORGANIZING SECRETARIAT VIA FAX OR E-MAIL
- ⇒ BANK CHARGES WILL BE PAIED BY THE CLIENT, THE ORGANIZING SECRETARIAT WILL RECEIVE THE TOTAL AMOUNT REQUIRED FOR THE REGISTRATION WITHOUT CHARGES SUBTRACTIONS
- ⇒ ATTENTION: REGISTRATION FORMS WITHOUT COPY OF THE PAYMENT ATTACHED, WILL BE NOT CONSIDERED
- ⇒ IN ORDER TO CARRY OUT WITH A CORRECT REGISTRATION, PAY ATTENTION TO THE RIGHT FORM OF THE CAUSE SHOWED ABOVE

### **The undersigned authorizes Alfa FCM Srl to use all my data according to the Italian law**

Information about the article . 13 Legislative Decree no. 196/2003 : its personal data provided on this occasion will be processed manually and electronically , in order to document his participation in the event and treatments derived from legal obligations. They will be communicated to suppliers of services relating to the event for the formalities relating to the organization of the same . The provision of data for these purposes is mandatory and essential for its participation in the event. The owner of the data is the Alfa FCM Srl . To her all the rights provided by art . 7 T.U. Having read the above I give my consent for the treatment of my personal data and their communication to the above purposes.

**Place** \_\_\_\_\_ **Date** \_\_\_\_\_ **Signature** \_\_\_\_\_