

# 10<sup>th</sup> AAVIS Annual Scientific Meeting

International Pelviperineology Congress

AAVIS-IPFDS Joint Meeting \_ **Venice, Italy** October 2<sup>nd</sup>- 4<sup>th</sup> 2008

## REGISTRATION FORM

Please use **CAPITAL** letters when completing this form

### DELEGATE DETAILS

Title: Prof/Dr/Mr/Mrs/Ms ..... First Name ..... Surname .....  
Country ..... Phone ..... Fax .....  
Address ..... City/State ..... Email .....  
..... Post Code ..... Practice Specialty .....

### INVOICE TO

Company Name / Participant ..... Country ..... Phone .....  
..... Phone ..... Email .....  
Address ..... City/State ..... Conference contact person  
..... Post Code .....  
Vate Code / ABN Number ..... Fax .....  
(if applicable)

### CONFERENCE COSTS

#### (A) REGISTRATION FEES

In EUROS, per person, TAX included

**before August 31**  € 390,00  
**after August 31**  € 460,00

#### (B) GALA DINNER

€ 120,00 NR .....  
TOTAL € GALA DINNER = € .....

CONFERENCE COSTS (A) + (B) = € .....

### ACCOMMODATION

**Westin Excelsior** (Venice Lido)  
per room ..... per night .....  
Double € 260 arrival date .....  
Single € 220 departure date .....

**Biri Hotel** (Padua)  
per room ..... per night .....  
Double € 140  
Single € 110

accompanying person in double room > Surname ..... First name .....

TOTAL (CONFERENCE COSTS + ACCOMMODATION) = € .....

(if you wish to make alternative accommodation please contact defoe. A range of hotels are available).

On behalf of the person for whom this request is made, I have read, understood and agreed to be bound by the conditions set out in this form.

THIS FORM CAN ALSO BE COMPLETED ON LINE [www.aavis.org](http://www.aavis.org) - [www.defoe.it](http://www.defoe.it)

### PAYMENT

- Registration form must be accompanied by payment
- single day registrations are not available
- all costs are in euros, including VAT where applicable
- registration fees are payable by cheque, visa or master card, bank transfer
- invoices will be issued on receipt of payment
- registrations are only valid when written

### HOW TO PAY

**Bank Transfer**

**CARIPARMA E PIACENZA**

BBAN: E 0623012614000040340765 - IBAN: IT 89 E062 3012 6140 0004 0340 765  
Swift Code: CRPPIT2P100

**Credit Card**

Last Name/Company Name .....

First Name ..... Expiry date .....

Credit Card nr. .... Security Code .....

(The Security code is listed on the back of your Credit Card)