**REGISTRATION FORM**

COMPLETE IN BLOCK CAPITALS AND FAX OR EMAIL TO:

E-mail: info@**eyeframecourse.com** \* Fax: **+39 051 6493086**

Surname--------------------------------------------- Name--------------------------------------------

Address----------------------------------------------------- Postal code------------------------------------

City----------------------------------------------------------Country-----------------------------------------

Profession---------------------------------------------------Specialty---------------------------------------

Hospital or Clinic--------------------------------------------------------------------------------------------

Codice Fiscale (only for Italians)

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VAT (IVA) number--------------------------------------------------------Tel-------------------------------

Fax Email-----------------------------------------------------------------------------------------------------

**PLEASE ISSUE THE INVOICE TO** (to be filled in case of different address from the one above indicated)---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Registration fee** (deadline November 8th)

2.200,00 € (VAT 21% included)

EACMFS, EAFPS, AICPE, ESOPRS, SICOP members 1.800, 00 € (VAT 21% included)

Residents in training and young specialists (<30y) 1.000,00 € (VAT 21% included)

Registration fee includes: **•** tuition **•** live surgery DVD **•** group photo **•** pen drive with lectures **•** certificate of attendance **•** notebook **•** coffee-breaks **•** lunches **•** Socialdinner **• EF** surgical cap

**PAYMENT Amount in Euro**

**Bank transfer**- please send copy

Beneficiary: SICHILI SRL (VAT Number 04824150876)

Bank: Banco Popolare Siciliano

IBAN: IT 54 E050 3416 9060 0000 0000 566

BIC (Swift): BAPPIT21O46

Reference: Family Name and First Name (of the participant) Eye Frame course

All bank expenses are to be paid by the forwarder. Unpaid bank charges must be paid cash at the registration desk.

**TERMS OF CANCELLATION**

In case of cancellation before November 8th a penalty of Euro 150, 00 for the administration costs will be applied. Cancellations after that date will not be refunded.

All communications to be sent to:

Email: info@eyeframecourse.com

Privacy- Pursuant to art. 13 Legislative Decree No. 196/2003. We inform users that the personal data collected will be treated, even with the aid of electronic instruments, directly and/or through third parties exclusively for the preparation of the list of participants to the course in question, for the accounting charge related to shares and for the delivery of informatics data regarding Sichili Srl initiatives.

**Date------------------------------------Signature-----------------------------------------------------------------**