

7th
IAN DONALD ADVANCED COURSE
OF FETAL-PERINATAL ULTRASOUND

7th – 9th June 2018 - Cagliari, Sardinia, Italy

REGISTRATION FORM

Name/Surname _____

Address _____ Nr. _____

Zip Code _____ Country _____ State _____

Hospital _____

Mobile _____ Fax _____

Email _____

Registration fee

Physicians € 488,00

Midwives € 98,00

Biologists € 98,00

Metasardinia srls will address the invoice to:

Heading of invoice _____

Name /Surname _____

Address _____

Zip code _____ City _____

Country _____

Fiscal Code – VAT: _____

The invoice will be sent by email to the following email: _____

PAYMENT

Payment can be made by bank transfer. **Please note that all bank costs and money transfer costs must be prepaid by the registrant.** Please, be sure to pay all fees charged from your bank. We must receive your wire transfer amount in full. Please, do not forget to ask your bank to include your name as the issuer (originator) of the transference.

Bank Transfer headed to: Metasardinia srls

Banca Intesa San Paolo, Cagliari

IBAN IT12V0306904856100000001196 BIC SWIFT CODE : BCITITMM

Please, send a copy of your bank transfer to the fax number: **+39 070 3111464** or to the

Email: segreteria@metasardinia.it, otherwise the payment cannot be registered. **Cheques** are not accepted.

DECLARATION - Your signature is mandatory in order to process your registration!

According to the art. 13 D. Lgs. 196/2003, Metasardinia srls is authorised to use my personal data for purposes connected to Congress management. I also confirm that I have understood the cancellation, payment and refund policy for individual registration as well as the hotel reservation terms and conditions specified in the announcement.

Date _____

Signature _____