

# VALVE SUMMIT PVIL 2012

## REGISTRATION FORM

Please send this form by fax or by e-mail directly to  
Organizing Secretary:

OIC srl – Professional Congress Organiser  
Viale Matteotti 7, 50121 Florence, Italy  
Phone: +39 (055) 50351 - Fax +39 (055) 5035230  
[registrationvalve2012@oic.it](mailto:registrationvalve2012@oic.it)

**by April 14, 2012**

### MAIN PERSONAL INFORMATION

Please complete this form for ONE participant in block letters.

Prof.  Dr.  Dipl.  Ing.  Mr.  Mrs.  male  female

Last name \_\_\_\_\_ First name \_\_\_\_\_

Institution \_\_\_\_\_

### CONTACT INFORMATION

Address \_\_\_\_\_ Unit, suite, floor \_\_\_\_\_

Post code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

E-mail (mandatory) \_\_\_\_\_

Telephone \_\_\_\_\_ Telefax \_\_\_\_\_

Fiscal/VAT Code (Mandatory for Italian Participant) \_\_\_\_\_

### CONGRESS REGISTRATION

The latest date for pre-registration is **April 14, 2012. After this date, please register on site.**

| FEES VAT (included) | Early Registration<br>by February 13, 2012 | Last Registration<br>From February 14, 2012<br>to April 14, 2012 | On site<br>Registration |
|---------------------|--|--|-------------------------|
| Registration        | € 900,00                                   | € 950,00   | € 1.000,00              |

Total € \_\_\_\_\_

#### Registration fee includes:

|   |  |
|---|--|
| <input type="checkbox"/> Admission to the Scientific Sessions | <input type="checkbox"/> Live cases book                                   |
| <input type="checkbox"/> Congress Kit                         | <input type="checkbox"/> Welcome Dinner April 28, 2012                     |
| <input type="checkbox"/> Working lunches e coffee-points      | <input type="checkbox"/> Social Dinner April 29, 2012                      |
| <input type="checkbox"/> ECM accreditation                    | <input type="checkbox"/> Course registration (upon request), limited seats |

I wish to participate to the following "hands on" course:

ECHO COURSE

Or

INTERVENTIONAL COURSE

### SOCIAL PROGRAMME

Please note: due to space limitation also free of charge events must be reserved. Tickets will be assigned on a first-come first-served basis.

| EVENTS                                  | Nr. of people (maximum 2 people) |
|---|----------------------------------|
| Welcome Dinner, Saturday April 28, 2012 |                                  |
| Social Dinner, Sunday April 29, 2012    |                                  |

# VALUE SUMMIT PVIL 2012

## HOTEL RESERVATION

Room reservations can only be processed once your first down payment has been received. The congress secretariat will confirm the booking and hotel details, according your choice. Balance is required **by April 14, 2012.**

| <b>HOTEL SANTA TECLA PALACE congress venue:</b>          |          | <b>Prices for night</b> | <b>N° of Night</b> | <b>TOTAL</b> |
|--|----------|-------------------------|--------------------|--------------|
| <b>Price are per room and included Vat and breakfast</b> |          |                         |                    |              |
| <b>CLASSIC ROOM GARDEN VIEW</b>                          |          |                         |                    |              |
| <input type="checkbox"/> Single occupancy                | € 120,00 | € _____                 | _____              | € _____      |
| <input type="checkbox"/> Double occupancy                | € 160,00 |                         |                    |              |
| <b>CLASSIC ROOM SEA VIEW</b>                             |          |                         |                    |              |
| <input type="checkbox"/> Single occupancy                | € 140,00 | € _____                 | _____              | € _____      |
| <input type="checkbox"/> Double occupancy                | € 180,00 |                         |                    |              |
| <b>DELUXE ROOM GARDEN VIEW</b>                           |          |                         |                    |              |
| <input type="checkbox"/> Single occupancy                | € 140,00 | € _____                 | _____              | € _____      |
| <input type="checkbox"/> Double occupancy                | € 180,00 |                         |                    |              |
| <b>DELUXE ROOM SEA VIEW</b>                              |          |                         |                    |              |
| <input type="checkbox"/> Single occupancy                | € 160,00 | € _____                 | _____              | € _____      |
| <input type="checkbox"/> Double occupancy                | € 200,00 |                         |                    |              |

**Booking fee € 25,00**

**TOTAL € \_\_\_\_\_**

### Type of room requested

No. \_\_\_\_\_ double room(s)  No. \_\_\_\_\_ single/double room(s) for single use  Smoking room  Non-smoking room

Date of arrival \_\_\_\_\_ April, 2012 Date of departure \_\_\_\_\_ April, 2012

### Other requests

(e.g. allergies, disability, vegetarian etc.) \_\_\_\_\_

### SUMMARY

I herewith enclose the following amounts:

Registration Fee € \_\_\_\_\_

Hotel Reservation (including € 25,00 booking fee) € \_\_\_\_\_

**TOTAL TO BE PAID € \_\_\_\_\_**

### TERMS OF PAYMENT:

Payment by bank transfer:

Account name: OIC srl

Bank: Cassa di Risparmio di Firenze, Ag. 1, Viale Matteotti 20r, 50132 Florence, Italy

IBAN: IT39 S061 6002 8010 0001 0628 C00 SWIFT: CRFIIT3F

No charges to the recipient. Copy of the bank transfer receipt must be enclosed with the form.

The sender's full name and address must be clearly stated in the transfer order as well as the payment purposes.

### Please charge the following credit card:

VISA  MASTERCARD  AMERICAN EXPRESS

Card no. \_\_\_\_\_ Expiry date \_\_\_\_\_

Security code (last 4 digits on the front of the card, AMERICAN EXPRESS only) \_\_\_\_\_

Security code (last 3 digits on the back of the card, VISA and MASTERCARD only) \_\_\_\_\_

Cardholder's name \_\_\_\_\_

Overall amount (total) to be charged in EUR (€) \_\_\_\_\_

I hereby authorise the use of my credit card for the purposes specified above and, in case of hotel reservation, to charge the remaining balance by April 14, 2012

Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please head receipt of payment/invoice to:** \_\_\_\_\_

(address, zip code, city, country)

Fiscal / VAT code (MANDATORY) \_\_\_\_\_

**We accept to receive the invoice:**  by email as a PDF file - or -  hard copy by post

ATTENTION: Registrations can be considered valid only after receipt of the payment. Forms without payment will not be processed. DECLARATION - Your signature is mandatory in order to process your registration! According to the art. 13 D. Lgs. 196/2003, OIC srl and OIC Way srl are 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 \_\_\_\_\_