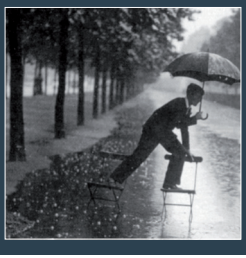

Baveno VI

April
10-11, 2015
Grand Hotel Dino
Baveno, Lake Maggiore, Italy
www.baveno6.com

SILVER JUBILEE

Baveno VI Consensus Workshop:
Stratifying Risk and Individualizing Care for Portal Hypertension

FIRST ANNOUNCEMENT

REGISTRATION AND HOTEL ACCOMMODATION FORM

Please complete this form and send it to the Organizing Secretariat ADB Eventi&Congressi
(fax 0039-051-0959164 / e-mail info@adbcongressi.it)

Deadline for registration: **March 27, 2015** after this date only on site registration will be possible

Deadline for hotel accommodation: **February 1, 2015**

PERSONAL DATA

Surname _____ Name _____

Home address _____

Zip code _____ City _____ State _____ Country _____

Phone _____ Mobile Ph. _____ E-mail _____

INSTITUTE DATA

Institute/ Hosp./ _____ Division _____

Address _____

Zip code _____ City _____ State _____ Country _____

INVOICE DETAILS 1 - REGISTRATION

Invoice headed to: _____

Address _____

Zip code _____ City _____ State _____ Country _____

Phone _____ Fax _____

VAT number _____ Fiscal code* _____ E-mail _____

* for Italians only

INVOICE DETAILS 2 – HOTEL ACCOMMODATION (only if different from INVOICE DETAILS 1)

Invoice headed to: _____

Address _____

Zip code _____ City _____ State _____ Country _____

Phone _____ Fax _____

VAT number _____ Fiscal code* _____

* for Italians only

REGISTRATION

REGISTRATION FEES (22% VAT included)

☐ EARLY BIRD REGISTRATION - till December 1, 2014	**€800,00**
☐ FULL REGISTRATION – after December 1, 2014	**€1.000,00**
☐ I WILL TAKE PART IN THE PEDIATRIC SATELLITE MEETING – on April 11-12	**included in the registration fee**

REGISTRATION CANCELLATION AND REFUND POLICY

Cancellations should be notified in writing to the Organizing Secretariat.
Refunds for cancellations will be granted according to the following deadlines:

- Cancellations made before December 1, 2014: 100% refund (minus 25% administration fee)
- Cancellations made after December 1, 2014: no refund

Refunds will be processed after the Workshop

HOTEL ACCOMMODATION

Hotel rates - Please indicate your hotel and room choice on the list below:
All rates quoted are per room, per night and include breakfast, service, taxes and private facilities. Rates do not include local city tax, which will be charged directly in the hotel (€ 1,50 per night and per person).
All requests will be managed on a first come first served basis. Hotel accommodation must be requested within February 1, 2015: after this date the Organizing Secretariat will be unable to guarantee room availability, although every effort will be made to meet delegates' requirements.

Please note that hotel accommodation will not be effective until payment of the whole stay + € 25,00 per room as processing fee has been received by the Organizing Secretariat.

HOTEL	(B&B)	HOTEL	(B&B)
Grand Hotel Dino**** Corso Garibaldi, 30 Baveno (VB)	☐ Double room single use € 165,00 ☐ Double room € 198,00	**Hotel Beau Rivage***** Viale della Vittoria, 36 Baveno (VB)	☐ Double room single use € 120,00 ☐ Double room € 140,00
Hotel Simplon**** Corso Garibaldi, 52 Baveno (VB)	☐ Double room single use € 140,00 ☐ Double room € 178,00		

DATE OF ARRIVAL	DATE OF DEPARTURE	TOTAL N. OF NIGHTS	TOTAL N. OF ROOMS

HOTEL ACCOMMODATION CANCELLATION AND REFUND POLICY

Cancellations should be notified in writing to the Organizing Secretariat. Refunds for cancellations will be granted according to the following deadlines:

- Cancellations made before December 1, 2014: 100% refund (minus 20% administration fee)
- Cancellations made after December 1, 2014 no refund

Refunds will be processed after the Workshop.

PAYMENT OF REGISTRATION FEE AND HOTEL ACCOMMODATION

PAYMENT BALANCE:

Registration fee:	€
Hotel accommodation:	€
Processing fee (€ 25,00 per room):	€
TOTAL:	€

PAYMENT CAN BE MADE BY:

☐ **Bank transfer to:** ADB Eventi&Congressi
Unicredit Banca - Agenzia Bologna IV Novembre
IBAN IT 58 Z 02008 02484 000110019257
BIC/SWIFT CODE UNCRITM1MNO

Bank transfers must be made in Euros, free of charges, clearly stating NAME and SURNAME of the delegate and "Baveno 6 Workshop". Please send copy of the receipt of payment, together with the registration and hotel accommodation form, to the Organizing Secretariat by fax or e-mail.

☐ **Credit Card:** Charge € _____ on the following credit card: ☐ VISA ☐ MASTERCARD

Card number _____

Expiry Date _____ CV2 Security code _____

Card Holder Name _____ Card Holder Signature _____

According to Italian Law n. 196/03 on privacy protection, all personal data will be treated strictly confidentially. I therefore authorize ADB Eventi&Congressi to use my personal data to process my registration in this Workshop and to keep me informed on Scientific events of my interest. I also state that I have understood and accepted the Cancellation and Refund Policy specified above.

Signature _____ Date _____