XXI World Congress on Parkinson's Disease and Related Disorders

Milan, Italy 6-9 December 2015

MILAN 2015
XXI World Congress
on Parkinson's Disease and Related Disorders
www.oic.it/iaprd2015

REGISTRATION FORM

Please return this form to the Congress Organizing Secretariat

OIC srl – Professional Congress Organiser
Viale Matteotti 7, 50121 Florence, Italy **– by 27 November 2015**
Phone +39 (055) 50351, fax +39 (055) 5035230, e-mail registrationiaprd2015@oic.it

MAIN PERSONAL INFORMATION

Please complete this form for ONE participant in block letters.

❑ Prof. ❑ Dr. ❑ Mr. ❑ Mrs. ❑ male ❑ female

Last name _____ First name _____

Institution _____ Unit, suite, floor _____

PARTICIPANT INFORMATION

Postal Address _____

Postal code _____ City _____

Country _____

E-mail **(mandatory)** _____

Telephone _____ Fax _____

Fiscal Code (**mandatory** for Italian participant only) _____

Date, City and Country of birth (mandatory for foreign participants) _____

BILLING ADDRESS (if different from personal information)

Please head receipt of payment/invoice to: _____

_____

(address, zip code, city, country)

Fiscal / VAT code (MANDATORY FOR COMPANIES) _____

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

REGISTRATIONS

The latest date for pre-registration is **27 November, 2015. After this date, please register on site.**
The registration fee will be adjusted according to the current VAT charge alignment

REGISTRATION FEES (VAT included)	EARLY BIRD Until September 30, 2015	REGULAR Until November 27, 2015	ON-SITE December 6-9, 2015
Full Participants	€ 550,00	€ 650,00	€ 750,00
Students/Trainees/ Post-Docs/Fellows and Residents*	€ 250,00	€ 350,00	€ 400,00
Allied health professionals*	€ 250,00	€ 350,00	€ 400,00
Emerging Countries**	€ 250,00	€ 350,00	€ 400,00
Exhibitors	€ 300,00	€ 350,00	€ 400,00
Congress Dinner	€ 95,00		
Educational Sessions***	€ 25,00		
	TOTAL € _____		

* In order to benefit from the reduced fee, the registration form must be accompanied by a letter from the head of the department confirming this status and/or a valid student card.

** Emerging countries are defined according to the World Bank Country Classification of Low income and Lower – middle income economies; please visit the website to view the Country Classification data.

*** The fee includes the participation in all Educational Sessions indicated in the scientific program and the textbook "PD and Other Movement Disorders" for free.

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Please repeat your Surname _____ **Name** _____

HOTEL RESERVATION

Room reservations can only be processed once the deposit has been received. Balance is required **by 15 September 2015.** For requests received after 15 September 2015, the full prepayment will be required.

4* Hotels	**Min.**	**Max.**	**Deposit per room**
Double for single use/single	€ 110,00	€ 210,00	€ 265,00
Double	€ 130,00	€ 240,00	
Moderate 4* Hotels	**Min.**	**Max.**	**Deposit per room**
Double for single use	€ 90,00	€ 110,00	€ 145,00
Double	€ 100,00	€ 120,00	
3* Hotels	**Min.**	**Max.**	**Deposit per room**
Double for single use/single	€ 69,00	€ 90,00	€ 120,00
Double	€ 75,00	€ 95,00	

The indicated rates are in Euro, per room per night and include breakfast and VAT. Local city tax NOT INCLUDED: € 5,00 in 4 stars hotels and € 4,00 in 3 stars hotels must be calculated in addition to the room rate per person and per night - to be settled upon check-out.

❑ Nr. _____ Double for single use ❑ Nr. _____ Single room ❑ Nr. _____ Double

Date of arrival _____ December 2015 Date of departure _____ December 2015

❑ Smoking room ❑ Non-smoking room Arrival after 18.00 hrs ❑ yes ❑ no

SUMMARY

I herewith enclose the following amounts:

Registration Fee	€ _____
Educational Sessions	€ _____
Hotel Accommodation	€ _____
Congress Dinner	€ _____
TOTAL TO BE PAID	**€** _____

PAYMENT

◆ **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 15 September 2015.

_____ _____

Date Signature

◆ **Payment by bank transfer:**

Account name: **OIC srl** Bank: Cassa di Risparmio di Firenze, Ag. 1, Viale Matteotti 20r, 50132 Florence, Italy
IBAN Code: IT39 S061 6002 8010 0001 0628 C00 – SWIFT Code: CRFiiT3F

No charges to the recipient. A copy of the bank transaction has to be sent together with the registration form to OIC Srl by fax or e-mail. The sender's full name and address must be clearly stated in the transfer order as well as the payment purposes.

IMPORTANT NOTICE

Registrations can be considered valid only after receipt of the payment. Forms without proof of 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 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