

1st Vitiligo World Congress

Milano, September 23-25, 2010

PLEASE COMPLETE AND RETURN THE ENTIRE FORM TO:

San Raffaele Congress Centre

Fax +39 02 2643 3754 – e-mail info@vwc2010.com

Surname _____ Name _____

Institute _____

Mailing Address _____

City _____ Country _____ Postal Code _____

E-mail _____ Phone _____ Fax _____

INVOICE DATA (COMPULSORY)

Heading of the invoice _____

Fiscal address _____

City _____ Country _____ Postal Code _____

Fiscal Code (only for Italians) _____

VAT Nr. _____

REGISTRATIONS (PLEASE CHECK YOUR CHOICE)

BEFORE AUGUST 22RD, 2010

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Member of ADMG –DDI–ESPCR PASPCR–SIDerP | € 450,00 (20% VAT included) |
| <input type="checkbox"/> Non Member | € 555,00 (20% VAT included) |
| <input type="checkbox"/> Fellows in training | € 168,00 (20% VAT included) |
| <input type="checkbox"/> Vitiligo Patients | € 168,00 (20% VAT included) |

AFTER AUGUST 23TH, 2010

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Member of ADMG –DDI–ESPCR PASPCR–SIDerP | € 510,00 (20% VAT included) |
| <input type="checkbox"/> Non Member | € 630,00 (20% VAT included) |
| <input type="checkbox"/> Fellows in training | € 210,00 (20% VAT included) |
| <input type="checkbox"/> Vitiligo Patients | € 168,00 (20% VAT included) |

METHODS OF PAYMENT

1st Vitoligo World Congress

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1. **BANK TRANSFER** (registration will not be processed without the copy of the transfer) TO:

SCIENCE PARK RAF SPA
BANCA INFRASTRUTTURE INNOVAZIONE E SVILUPPO SPA
AGENCY ROMA 7000
ACCOUNT NUMBER: **258909811184**
IBAN: **IT83 E033 0903 2002 5890 9811 184**
ABI: **00390** – CAB: **03200** – CIN: E

2. **CREDIT CARD**

VISA

MASTERCARD

Type name as on the card _____

Type date of birth _____

Type expiration date _____

Type card number _____

Signature _____

According to Italian Law n. 196/2003 on privacy protection, all personal data will be treated strictly confidentially. At any time you can ask to modify or cancel your data.

Date

Signature