"The synapse from physiology to pathology"

GRAND HOTEL BRISTOL – STRESA, ITALY

September 4 – 7, 2011

R E G I S T R A T I O N F O R M

Please return this form as soon as possible and **before JUNE 30, 2011** to benefit from the **early registration fee**, to:
info@synapse-isn2011.com - Fax: +39 (0)6 5033071

REGISTRATION

LAST NAME/FAMILY NAME:.....

FIRST NAME: .....

INSTITUTION/COMPANY:.....

DEPARTMENT:.....

STREET/PO. BOX:.....

POSTAL CODE: ..... CITY/STATE: .....

COUNTRY: ..... PHONE: .....

FAX: ..... EMAIL: .....

REGISTRATION FEES *(Fees include 20% VAT)*

Early fee Up to June 30th, 2011

☐ **Euro 300,00**

Late fee From July 1st, 2011 and on site

☐ **Euro 400,00**

Students Registration fee(**)

☐ **Euro 160,00**

(**) Students are asked to provide (by email or by fax) a letter of verification from their training director to be eligible for this rate.

PAYMENT

☐ **bank transfer** in Euro (€) to the order of G&G Congressi Srl (Via Giovanni Squarcina, 3 – 00143 Rome – Italy) to:
UGF BANCA – Via Tommaso Arcidiacono – 00143 Roma
IBAN: IT64 F031 2703 3070 0000 0001 803 BIC: BAECIT2B
Copy of the bank transfer must be sent along with the registration form. Do not forget to mention on the bank transfer order the name of the person you are paying for. The organizers will not absorb bank charges.

☐ **credit card** : VISA / MASTER / EUROCARD
I authorize the Congress Office to debit my card for the amount indicated here above:
Number: I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I Expiry date : I__I__I/I__I__I

Card Verification Code (3 digits on back of Visa/Mastercard) I__I__I__I__I

CARDHOLDER NAME :_____

Signature : _____

❒ **I hereby accept all registration conditions of the Congress and agree for the payment corresponding to my requests**