



## 2<sup>nd</sup> INTERNATIONAL COURSE ON FLUID, ELECTROLYTE AND ACID-BASE DISORDERS IN CLINICAL PRACTICE

The pathophysiological bases for clinical excellence

**PARMA (ITALY) 5-7 September 2007 – Starhotel Du Parc**

### REGISTRATION FORM (Please use capital letters)

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

Institution /Company name \_\_\_\_\_

Mailing address \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Internal Med.  ; Nephrology  ; Cardiology  ; Intensive Care Medicine  ; Anesthesia  ;

Other .....

Postgraduate In-Training  ;

Parma University Medical School Student  ;

#### FOR CITIZENS OF EU COUNTRIES:

Fiscal Code \_\_\_\_\_

VAT N. \_\_\_\_\_

No VAT Number \_\_\_\_\_

#### COURSE REGISTRATION RATES (Vat 20%)( IVA 20%):

**Physician (MD)** € 600,00 + 20% Vat = € 720,00 before May 10, 2007  
€ 750,00 + 20% Vat = € 900,00 after May 11, 2007 or onsite

**In-training (MD)\* or  
Resident\* or Technician** € 100,00 + 20% Vat = € 120,00 before May 10, 2007  
€ 150,00 + 20% Vat = € 200,00 after May 10, 2007

**Daily registration fee** € 250,00 + 20% Vat = 300,00

Please tick the date(s) of your participation:  sept 5 ;  sept 6 ;  sept 7 ;

Students of the Parma University Medical School free of charge (max 70 places available); the registration form along with a copy of the Parma University Student Card or a copy of an identity document must to be received by Intercontact before May 10, 2007. Course attendance is an ADE activity (credits will be certified).

\*written certification of in-training status by your training Director or Hospital requested.

**Methods of Payment**

Payment of fees should be made in **EURO (registrations will not be processed without payment)**

- BY BANK TRANSFER: (please enclose copy of the bank receipt)

Please indicate clearly: “ 2nd International Course on Fluid, Electrolyte and Acid-Base Disorders in Clinical Practice” and the name (s) of the delegate (s).

Bank transfer, to INTERCONTACT Agency, Cassa di Risparmio di Parma e Piacenza – Agenzia 6 - Parma account n. 14249384, ABI 06230, CAB 12706, CIN U, Country IT, CIN EUR 50

- BY CREDIT CARD (only the below listed are accepted)

VISA  ; EUROCARD/MASTERCARD ;

Card number. \_\_\_\_\_ Expiration date (mm/yy) \_\_\_\_/\_\_\_\_

Cardholder’s name (as written on the card) \_\_\_\_\_

Cardholders’ address \_\_\_\_\_

Cardholder phone \_\_\_\_\_

Cardholder’s signature \_\_\_\_\_ Date \_\_\_\_\_

*The copy of the bank transfer papers must be attached to the Registration Form and sent to the Organizing Secretariat*

**Onsite Registration Hours**

Registration for the Course will be held at Starhotel Du Parc Conference Center during the following hours:

Tuesday, sept 4, 4:00 pm – 7:00 pm

Wednesday, Sept 5, Thursday Sept 6; Friday Sept 7; 7:30- 8:30 am

**CANCELLATIONS**

Notification of cancellation must be communicated **in writing** to the Organizing Secretariat Intercontact.

Cancellations charges: 70% of fee paid will be refunded for cancellations received before July 10, 2007.

No refund after July 10, 2007

**DID YOU ATTEND THE 2005 COURSE?:** YES  ; NO

**According to the Italian State Law n. 675/December 31, 1996**, Intercontact informs that filling in this form is not mandatory, but necessary in order to be registered to the Congress.. The data will be managed and stored in Intercontact Congress’ database and used to send information and documentation on the event The data of this event could be sent to third parties only for organisational and economical reasons. Your data are protected by the Italian State Law, art. 13 – law n. 675/1996 and can be destroyed on your specific request By filling in this form you agrees to all the above mentioned conditions and therefore to the treatment of personal data.

I Agree:  YES  NO

Signature.....

Date \_\_\_\_\_

Signature \_\_\_\_\_