

CONGRESS PARTY FORM

EUROMEDLAB Amsterdam 2007 - 3/7 June 2007 - Amsterdam RAI convention centre

Please fill in the form and fax it to the Organising Secretariat (+39 02 6686699) no later than June 1st.

For Party tickets after this date please contact the Organising Secretariat at +31 (0)20 54405320.

Party tickets will be sold until June 4th at 13.00.

Family Name _____ Given name _____
City _____ Country _____
Business Phone _____ E-mail (block letters) _____

CONGRESS PARTY (not included in the registration fee)

Family name _____ Given name _____
Family name _____ Given name _____

Congress Party fee:

Euro 40,00 p.p. - N° of tickets _____ Total Euro _____,00
(For those people who are registered to the Congress)

Euro 100,00 p.p. - N° of tickets _____ Total Euro _____,00
(For those people who are not registered to the Congress*)

**this fee is for all those people who are not going to register to the Congress and who want to register to the Party only.*

REMITTANCE

Congress Party fee shall be paid:

by bank transfer to: IFCC - Ref. EUROMEDLAB Amsterdam 2007
Dresdner Bank (Switzerland) Ltd.
2, Place du Rhone - Case Postale 5525 - CH-1211 Geneva 11
Account n° 8.401688.0071 - IBAN: CH42 0873 6084 0168 8007 1
SWIFT CODE: DRESCHZZ

IMPORTANT please make sure to indicate the **name of the participant** on the transfer order. Please fax a copy of your transfer order to the Organising Secretariat to validate your booking.

by credit card: American Express VISA Mastercard

Credit card n°

Expiration date

Total to be charged (Congress Party): € _____

Date _____ Signature _____

DETAILS FOR RECEIPT (*if different from personal data*)

Receipt addressed to: _____
Address _____ Zip or Postal code _____
City _____ State & Province: _____

PRIVACY

I authorise to handle my personal data for the services connected to this form. MZ Congressi declares that these data won't be given to anyone who is not strictly connected to the pursuit of the aim of this form.

IMPORTANT: if this authorisation is denied, it won't be possible to proceed with the registration to the event.

Date _____ Signature _____

I authorise to handle my personal data for marketing purposes (mailing of information material on congresses and events organised by MZ Congressi) MZ Congressi declares that these data won't be given to anyone who is not strictly connected to the pursuit of the aim of this form.

Date _____ Signature _____

THE FORM AND PAYMENT MUST BE SENT TO

MZ Congressi - Via Carlo Farini 81 - 20159 Milano (Italy)

Tel: +39 02 66802323 - Fax: +39 02 6686699 - registrations@ams2007.org