27th Annual Conference of Italian Association of Cell Cultures (ONLUS-AICC)

Signature _

Verona, Sala Congressi Banco Popolare November 12th-14th 2014

OXIDATIVE STRESS AND CELL DEATH: IMPLICATIONS IN CHRONIC-DEGENERATIVE PROCESSES AND CANCER

1. Delegate Information			
Surname		Title (Pr	rof/Dr/Mr/Mrs/Ms):
Name	Job Title		
Address for correspondence			
Address			
City		Country	
Telephone		Mobile Tel.	
Fax		E-mail	
Special dietary requirement or intoleran	ces		
2. Heading of the invoice for registration fee (required)			
Institution/Company - Name / Surname			
Address			
City		Country L	
E-mail			
V.A.T. Number		Tax Code	
Information about V.A.T. (Value Added Tax) for invoicing procedures (please read carefully the following information)			
UE Institutions or Companies V.A.T. NUMBER (required) UE private citizens V.A.T. or tax identification NUMBER (required)			
For EXTRA UE Institutions or companies V	/.A.T. is not required. Please be informed that:	·	
· UE or EXTRA UE Institutions or Companies are due to pay registration fee V.A.T. excluded; · UE or EXTRA UE private citizens are due to pay registration fee V.A.T. included			
3. Delegate Registration			
Description	Early Rate	Late Ra	
Registration fee (V.A.T. included) AICC, GIC and SCR Italy Member	Extended till October 7, 2014 □ € 150,00 (€ 122,95 + 22% V.A.T.)		October 8, 2014 200,00 (€ 163,93 + 22% V.A.T.)
Non-Member	□ € 200,00 (€ 122,95 + 22% V.A.T. + € 50,00 mandatory membership fee)		
PhD Student			70,00 (€ 98,36 + 22% V.A.T. + € 50,00 mandatory membership fee')
Student *AICC membership automatically assigned by	□ € 50,00 (€ 40,98 + 22% V.A.T.) registering to the event	□€8	80,00 (€ 65,57 + 22% V.A.T.)
The registration fee includes the following: Attendance at the 27 th Annual Conference of Italian Association of Cell Cultures (ONLUS-AICC) and Total €			
at the 5th International Satellite Symposium AlC	CC-GISM, conference kit, coffee breaks, lunches, CME cred	ts for the assignees.	Total C
Only for Italian participant	s (CME credits information)		
CME accreditation will be requested to AG	GENAS for a maximum of 200 participants among N	ledical Doctors (specialties: On	ncology), Biologists, Pharmacists.
☐ Medical Doctor ☐ Biologist ☐	Pharmacist Specialty:	Date and	d place of birth
Tax Code - Cod. Fiscale (required)			
4 Doymont Information			
4. Payment Information Bank transfer in favour of COGEST M. & C. srl, IBAN IT49H0200811705000005233961, BIC SWIFT UNCRITM1M03, on UNICREDIT BANCA, Piazza Bra 26/e, Verona (Italy), specifying the title of the event and the Surname of the person you are making the payment for. Copy of the bank receipt must be faxed (+39 045 597265) or mailed (segreteria@cogest.info) with the form. Online payment following the instructions at: http://www.cogest.info/congressi/pagamento.php (Payment with VISA or MASTERCARD credit card only)			
competent for the performance of the requested the registration operations. Date Signature	2003 on privacy. The data will not be spread or communicated t services. Your authorization for the use of your data is compulsor mailing of informative material by COGEST M. & C. / COGEST M.	, without it we will not be able to proce	