



## REGISTRATION FORM

Please return this form to the Congress Organizing Secretariat **by 22 September**  
Fax +39 055 5035230 - registrationgise@oic.it

**10 - 13 October 2017**  
MiCo Congress Centre  
Milano - Italy

**This year, PCR Peripheral is delighted to join forces with GISE! Please notice that registration fees hereunder include attendance for both GISE and PCR Peripheral sessions.**

### 1. MAIN PERSONAL INFORMATION

Last name \_\_\_\_\_ Name \_\_\_\_\_  
Inst./Hosp./Univ. \_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Tel. \_\_\_\_\_ E-mail \_\_\_\_\_  
Codice Fiscale (for Italian participants) \_\_\_\_\_

### SPECIALISATION (compulsory):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Interventional cardiologist / Cardiologist | <input type="checkbox"/> Anaesthesiologist   | <input type="checkbox"/> Managing editor                |
| <input type="checkbox"/> Cardiac surgeon                            | <input type="checkbox"/> Nurse and Allied Professional   | <input type="checkbox"/> Vascular surgeon               |
| <input type="checkbox"/> Other physician                            | <input type="checkbox"/> Technician of medical radiology   | <input type="checkbox"/> Imaging / Echography physician |
| <input type="checkbox"/> Financial analyst                          | <input type="checkbox"/> Technician of cardio-circulatory physiopathology and cardiovascular perfusion | <input type="checkbox"/> Clinical Researcher            |
| <input type="checkbox"/> Interventional radiologist / Radiologist   |  | <input type="checkbox"/> Industry / R&D                 |

### QUALIFICATION (compulsory):

- GISE Member       Non Member       Resident in training

Please head receipt of payment/invoice to: \_\_\_\_\_  
(address, zip code, city, country)  
VAT number (mandatory if company) \_\_\_\_\_  
Place and date of birth (mandatory if private address) \_\_\_\_\_  
I accept of receive the invoice:  by e-mail as PDF file       hard copy by post

### 2. REGISTRATION FEES (VAT 22% included)

#### REGISTRATION FEES - PHYSICIANS

	Early bird - until 14 July	Regular - From 15 July to 22 Sept	On-site
GISE Members	<input type="checkbox"/> € 525,00	<input type="checkbox"/> € 595,00	<input type="checkbox"/> € 625,00
Non members	<input type="checkbox"/> € 675,00	<input type="checkbox"/> € 745,00	<input type="checkbox"/> € 785,00
Residents in Training*	free of charge**		

\* Application for Resident should be certified by a letter of proof from the training program director and sent by fax (+39/055/5035230) or email registrationgise@oic.it

#### REGISTRATION FEES - NURSES AND TECHNICIANS

	Early bird - until 14 July	Regular - From 15 July to 22 Sept	On-site
GISE Members	<input type="checkbox"/> € 465,00	<input type="checkbox"/> € 535,00	<input type="checkbox"/> € 585,00
Non Members	<input type="checkbox"/> € 565,00	<input type="checkbox"/> € 635,00	<input type="checkbox"/> € 685,00

### 3. ATTENDANCE

For logistical reasons please specify: I wish to attend...

- GISE sessions only - from 10 to 13 October       PCR Peripheral sessions only - 11 & 12 October       Both

Payment by: • Credit card:  VISA       MASTERCARD       AMERICAN EXPRESS

N° \_\_\_\_\_ Expiry date: \_\_\_\_\_

CVV \_\_\_\_\_ Cardholder's name \_\_\_\_\_

Bank transfer (copy attached)

Account holder's name: OIC srl FIRENZE

Bank details: Cassa di Risparmio di Firenze - Ag. 1 - Viale G. Matteotti, 20/r - 50132 Firenze

IBAN IT39S0616002801000010628C00 - SWIFT/BIC: CRFIT3F

DECLARATION - According to the Italian Law Art.13 D.Lgs. 196/2003, I authorize OIC srl to use my personal and sensitive data only for purposes connected to the Congress management.

I agree

I authorize OIC srl to use my data for marketing and commercial purposes, therefore to send me promotional and advertising messages and information about activities in connection to the Congress

I agree       I do not agree

Date \_\_\_\_\_

Signature \_\_\_\_\_