

Advanced International Breast Cancer Course

Padua, September 10<sup>th</sup>-11<sup>th</sup>-12<sup>th</sup>, 2015

PLEASE FILL OUT CLEARLY

First and last name .....

How did you learn about the Meeting: .....

ANM Website  postal  e-mail  brochure  more .....

Invited by (sponsor) .....

Place and date of birth .....

Profession .....

(i.e. physician, biologist, laboratory technician, etc)

Specialization .....

Free Lance  Public Employee  Operating within the national health system  Unemployed

Position title .....

Institution .....

Division/Department .....

Institution Address .....

Zip code ..... City ..... State .....

Phone number ..... Fax number .....

E-mail address .....

E-mail PEC\* .....

Home Address .....

Zip code ..... City ..... State .....

Home Phone ..... Mobile .....

The parts in bold are mandatory, the incomplete or inaccurate compiling (tax code, birth date, etc.) of the application form may result in the failure to receive the CME Credits related to the event (only for Italian participants).

PAYMENT AND INVOICE\*\*

The payment of the registration fee, without which it will not be considered complete, will be done through:

bank transfer addressed to: ACCADEMIA NAZIONALE DI MEDICINA, Banca Prossima Spa - IBAN code: IT 35 Q0335901600100000121744 - SWIFT code: BCITITMX (indicate: "Registration of Dr. ... at Course 15\_RE\_1257) sending a copy to the fax number: +39 51 6364605. All transfer charges have to be paid by senders.

non-transferable cheque addressed to Accademia Nazionale di Medicina

Credit Card Details (electronic cards are not accepted):

- kindly submit your credit card details online via PayPal system (for additional information, visit <http://meettheproffessor.accmec.org>) or
- send the following details by fax (+39-51 6364605)

MasterCard  Visa  EuroCard

Name as printed on the card ..... Date of birth .....

Card n. (16 numbers).....

Expiration date ..... CCV (3 numbers in the back of the card) .....

Signature .....

INVOICE HEADING .....

Address ..... City .....

Zip code ..... State .....

Codice fiscale (only for Italian participants) .....

VAT Number .....

\* this is better to receive CME Certificate. \*\* for cancellation and reimbursement please see in the program the part