



**International Society for Pediatric Wound Care - 2nd International Meeting**

**REGISTRATION FORM**

Please, fill in capital letters and send to CCI SRL  
Via San Francesco da Paola, 37 10123 Torino Tel. +39 011 2446911 – Fax +39 011 2446950

Title \_\_\_\_\_ Family Name/First Name \_\_\_\_\_ Female  Male

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

Address -City \_\_\_\_\_

Postal Code - Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

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

Vat code \_\_\_\_\_ Fiscal Code (Italian only) \_\_\_\_\_

**Registration Fees (22% VAT included)**

	Registration fee by July 20, 2014	Late registration
ISPEW MEMBER	€ 230,00	€ 280,00
ISPEW NON MEMBER	€ 250,00	€ 300,00
Students/Postgraduates	€ 150,00	€ 180,00

**Registration fee includes:** Participation to the scientific program, Opening Ceremony, Congress Kit, Attendance certificate.

**Payment Method**

**1) BANK TRANSFER**

Bank address of the congress: **UNICREDIT BANCA SPA**

Beneficiary name: CCI SRL

IBAN IT 24 Q 02008 01178 000102597673

BIC/SWIFT CODE UNCRITMMON2

Reference: ISPEW 2014, name and surname

**2) Credit Card** VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_

Card Number: \_\_\_\_\_ Holder: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Details for Invoice/Receipts (if different from the above details):**

Organization/Company \_\_\_\_\_

Address \_\_\_\_\_

City - Postal Code - Country \_\_\_\_\_

Vat code \_\_\_\_\_ Fiscal code (Italian only) \_\_\_\_\_

Privacy - Italian Law n. 196/2003CCI srl warrants complete privacy on personal data. They will be kept and used only for communications regarding the meeting organization.

Date \_\_\_\_\_

Signature \_\_\_\_\_