



CONGRESS OF THE INTERNATIONAL PEDIATRIC SLEEP ASSOCIATION
 JOINT MEETING WITH PEDIATRIC SLEEP MEDICINE CONFERENCE
 ROME 3RD-5TH DECEMBER 2010

REGISTRATION FORM
 PERSONAL DATA - DATI ANAGRAFICI

First Name _____ Last Name _____
 Nome _____ Cognome _____
 Nationality _____ Company/Organization _____
 Nazionalità _____ Ente/Azienda _____
 Job Position _____ Address _____ Zip Code _____
 Disciplina/Professione _____ Indirizzo _____ CAP _____
 City _____ Country _____ Phone Number _____
 Città _____ Nazione _____ N° telefono _____
 Mobile Number _____ Fax Number _____
 Cellulare _____ N° Fax _____ E-mail _____

REGISTRATION FEE - QUOTE DI ISCRIZIONE

Congress Fee	Early bird before Oct. 1 st	until Nov. 30 th	On-site
Regular	200 €	250 €	400 €
IPSA members	150 €	200 €	300 €
Student/Resident/Fellow/Nurse/Technologist	100 €	150 €	200 €
Day Registration (December 4 th or 5 th)	50 €	100 €	150 €
Gala dinner	65 €	65 €	65 €
Pre-Congress Course Fee	Early bird before Oct. 1 st	until Nov. 30 th	On-site
Regular	150 €	200 €	250 €
IPSA members	100 €	150 €	200 €
Student/Resident/Fellow/Nurse/Technologist	75 €	100 €	150 €

The above mentioned rates not include VAT - Le quote di iscrizione non comprendono l'IVA

PAYMENT METHOD - MODALITA' DI PAGAMENTO

Bank Transfer Bank Account n° 000000081105
 Bonifico Bancario Account Name NICO SRL
 c/o Banca Credito Cooperativo di Signa
 ABI 08866 - CAB 38110
 IBAN IT34 N08866 38110 000000081105
 SWIFT ICRAIT3F020

Credit Card
 Carta di Credito



The payment of the registration fee is foreseen on site also by credit card

Important:

any transaction fee made by the bank must be paid by the sender. NICO srl must receive the complete amount
 Il costo della commissione bancaria è a carico del dell'ordinante e non del beneficiario

INVOICE TO:

FATTURARE A: Company Name _____ Address _____
 Nome Azienda _____ Indirizzo _____
 or First Name and Last Name _____ VAT / Social Security Number _____
 oppure Nome e Cognome _____ P.IVA / Codice Fiscale _____

Compulsory/Obbligatorio

Important:

We can not issue invoices/receipts without the previous details - Non possiamo emettere fatture/ricevute senza i precedenti dettagli

REGISTRATION FEE CANCELLATION POLICY

30% Deposit return for cancellation untill September the 1st 2010
 No refund will be given for cancellation after September the 2nd 2010

The undersigned, aware of the Information ex Art. 13 of Legislative Decree 30 June 2003 n° 196, consent to the processing of my personal data by the Organizing Secretariat exclusively for purposes related to mutual obligations arising from the present relationship

Date _____ Signature _____



CONGRESS OF THE INTERNATIONAL PEDIATRIC SLEEP ASSOCIATION
 JOINT MEETING WITH PEDIATRIC SLEEP MEDICINE CONFERENCE
 ROME 3RD-5TH DECEMBER 2010 HOTEL ACCOMMODATION FORM

PLEASE FILL OUT THE FORM IN CAPITAL LETTERS AND RETURN BY FAX OR E-MAIL TO:

NICO SRL E-mail: info@nicocongressi.it – fax number +39 055 87 97 843

One copy of the registration form should be filled out for each participant

PERSONAL INFORMATION

Title Prof. Dr. Mr. Mrs. Ms. Other

Family name _____ Name _____

Institution _____ Address _____

City _____ (State) _____ Zip Code _____ Country _____

Telephone _____ Fax _____ E-mail _____

Accompanying Person(s) Family name: _____ Name: _____
 Family name: _____ Name: _____

ACCOMMODATION

Fill out this section only if you wish the conference organizers to book your accommodation. To secure room reservation **the pre-payment of the whole stay is required.**

The accommodation **has to be paid prior the arrival** at the Congress Secretariat NICO and NOT at the Hotel reception where **only extras will be paid.**

Hotel	Room	Rate/person/night (Breakfast included)
**** 4 Category Hotels	Per Person Per night in SINGLE/DUS ROOM	€ 220,00 <input type="checkbox"/>
	DOUBLE ROOM charge per night	€ 40,00 <input type="checkbox"/>
*** 3 Category Hotels	Per Person Per night in SINGLE/DUS ROOM	€ 180,00 <input type="checkbox"/>
	DOUBLE ROOM charge per night	€ 30,00 <input type="checkbox"/>

Sharing double room with: _____

Booking fee € 20,00 per room

The above mentioned rates not include VAT - Le quote di iscrizione non comprendono l'IVA

Check-in date: _____ Check-out date: _____

PAYMENT METHOD - MODALITA' DI PAGAMENTO

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 Bonifico Bancario Account Name NICO SRL
 c/o Banca Credito Cooperativo di Signa
 ABI 08866 - CAB 38110
 IBAN IT34 N08866 38110 000000081105
 SWIFT ICRAIT3F020

Credit Card
 Carta di Credito

The payment of the registration fee is foreseen on site also by credit card

Company Name _____ Address _____
 Invoice TO: Nome Azienda _____ Indirizzo _____

FATTURARE A: or First Name and Last Name _____ VAT / Social Security Number _____
 oppure Nome e Cognome _____ P.IVA / Codice Fiscale _____

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