



Registration form

**XI Annual
Neuro Meeting
Siena, Italy**

*May 5-7/2011
Main Hall,
Policlinico Le Scotte*

Please type in BLOCK LETTERS and Fax or EMAIL to:



KEY CONGRESS & COMMUNICATION SRL
Fax ++39 049 8729512
e-mail: ANM2011@keycongress.com

Personal data

Fiscal code (only for Italian participants)

VAT number

Family Name

First Name

_____ @ _____
Email address

Mobile phone

Office address

Institute Dept.

Nr. Street

Area code City Country

Telephone (office hours): Country code/city code/number

Mailing address (if different from the above)

Nr. Street

Area code City Country

You and your Privacy

Please note that companies may be offered the opportunity to hold Satellite Symposia at this specific event. As a Congress participants, your mailing details may be forwarded to companies organizing Satellite Symposia. Companies receiving your mailing details will be permitted to use your details on time only for the purpose of sending you Satellite Symposia invitations. Under the Law of Privacy, you are entitled to object at any time to the processing and usage of your mailing details.

Abstract number (if applicable) _____

I DO NOT WISH my details to be forwarded to companies organizing Satellites Symposia

Registration fees (fees apply to payments received prior to the indicated deadlines)

		Before March 20 th 2011	After March 20 th & on site
	Delegate	€ 220,00	€ 280,00
	Trainees, Nurses, Medical professionals	€ 120,00	€ 180,00
	GdS Neuro-SIAARTI Members (1)	complimentary	complimentary
	Social dinner (2)	€ 40,00	€ 40,00

(1) GdS Neuro-SIAARTI Members please provide copy of membership fee paid for the current year. (2) Participation limited to the first 150 participants

Registration fee includes: Admission to all scientific sessions; Congress kit with Final Programme; E-card with all 2010 and 2011 abstracts, Certificate of Attendance; Breaks; Opening Ceremony

SPECIAL REDUCTION

Delegates with at least one fully paid registration fee are entitled to register at no cost one Student/Trainees/Physician under 35 belonging from the same Institution. This Special Offer for the above Delegates are limited to the first 20 registrations.

Name of Registered Delegate

Name of Student/Trainees/Physician under 35

_____ @ _____
Email address

