

III Mediterranean Workshop
**“PATHOLOGIST AND PATIENT SAFETY:
NEW LABORATORY QUALITY IMPROVEMENT TOOLS”**

Gallipoli, 08 - 09 October 2010 Centro Congressi - Grand Hotel Costa Brada Gallipoli (Le)

REGISTRATION AND HOTEL RESERVATION

Please fill the “form” and send it no later than 20 September, 2010 to:
Elle Center S.r.l.

Via C. Rosalba, 47/J - 70124 BARI - Tel. :+39.080.5041635 - Fax: +39.080.5041645 - e-mail: elle@ellecenter.it

Please cross: Pathologist Oncologist Surgeons Biologist Clinical Pathologist Technician

Family name

First name

Title

Hospital

Other assistential Structure

Address

Zipcode..... City.....

Phone Fax

Mobile Phone e-mail

Codice Fiscale

REGISTRATION FEES

	Before 20/09/10	After 20/09/10
MD/Biologists	€ 70,00 Iva 20% included	€ 90,00 Iva 20% included
Technicians	€ 50,00 Iva 20% included	€ 70,00 Iva 20% included
Students	Free registrations	

PLEASE ENCLOSE TO THIS FORM

For Student: copy of student's registration document

Registration

The registration fees include attendance at all scientific sessions, entrance to the exhibition area, one brunch and coffee breaks served during the Workshop, badge, congress kit, attendance certificate, EMC certificate.

In order to register at the workshop it is necessary to fill in this form and send it with the full payment (enclose copy of bank transfer or cheque). The registration is valid only if accompanied by full payment. Any cancellation should be notified in writing to the Organizing Secretariat and will be subject to the following conditions: before 20 september, 2010: refund of registration, less a 50% administrative charge.

After 20 september, 2010: no refund of any kind. Elle Center Agency will provide invoice for the registration fee. The form should therefore be completed with the European VAT and the invoice address.

Enrollment will be guaranteed for the 165 applications.
Single Day Registration will not be accepted.

REGISTRATION AND HOTEL RESERVATION

	HOTEL	D.u.s. Room	Twin Room
<input type="checkbox"/>	Grand Hotel Costa Brada ★★★★	€ 100,00	€ 150,00
<input type="checkbox"/>	Gallipoli Resort ★★★★	€ 65,00	€ 100,00
<input type="checkbox"/>	Bellavista Club ★★★	€ 80,00	€ 90,00
<input type="checkbox"/>	Joli Park Hotel ★★★	€ 60,00	€ 65,00

Please Book n..... d.u.s. room n..... twin room

Arrival Departure.....

All price are inclusive of taxes, service and breakfast and are per room, per night.

In order to book the hotel it is requested that you deposit the money for one night plus €15,00 for the reservation. If you do not arrive at the hotel, the room will be reserved only for first night that is covered by the deposit. We would not accept reservations without payment of the deposit.

SOCIAL DINNER (It will be done if requested from at least 40 persons)

Nr..... social dinner € 50,00 per person **Total amount €**

PAYMENT

cheque/bank draft made payable to Elle Center S.r.l. for. the amount of €
n..... of the bank

bank transfer for the amount of €, net of the expense, made payable to ELLE CENTER S.r.l.
c/o Banca Popolare Pugliese - Filiale di Via Matarrese - Bari IBAN IT75A0526204001CC0860005178
(Please include copy of the payment to this form)

INVOICE REQUESTED

Company name

Address

Zipcode..... City.....

VAT code/Codice Fiscale.....

For the article 13 of the D.Lgs. n. 196 of the 30/6/03, we inform you that your details will be kept in our IT archive and will be used by our company only to send you administrative, commercial and promotional materials that come from our activity. We would like to inform you that, for the article 7 you have the rights to know, update, delete and correct your details or disagree for the use of tour details, if they are used against the law. The owner of your details is ELLE CENTER S.r.l.

Date Signature.....

To be send to: ELLE CENTER S.r.l.

Via Camillo Rosalba, 47/J - 70124 Bari or to send by fax +39.080.5041645 or e-mail to elle@ellecenter.it