

REGISTRATION FORM

> [The undersigned,](#)

Surname	Name	
Born in	Fiscal Code	
Address		
City	Zip Code	Prov.
Telephone	Fax	
Mobile phone	e-mail	
Title and Specialty		
Registered to order	of	n°

> [Billing information](#)

Company name		
VAT	Fiscal Code (mandatory for tax purposes)	
Address		
City	Zip Code	Prov.

Method of payment of the non-interest-bearing security deposit of 20% of the full amount.

By means of:

- Bank transfer: AMELVI SRL, Intesa Sanpaolo
IBAN IT35B030690444110000001371 (Swift code BCITITMM)
- Bank cheque (only for Italians participants) payable to AMELVI Srl
(attached to this)
- PayPal by going to the following link:
<https://en.amelvisrl.org/plans-pricing>



> [Ask to be registered](#)

TO THE COURSE		
Course start date	Cost €	+VAT 22%
TO THE COURSE		
Course start date	Cost €	+VAT 22%
TO THE COURSE		
Course start date	Cost €	+VAT 22%
TO THE COURSE		
Course start date	Cost €	+VAT 22%

To the FULL PHLEBOCOURSE		
start date	Cost €	+VAT 22%

Simultaneous adhesion to two or more COURSES entitles you to have a 10% discount on the price.	TOTAL €	+VAT22%
--	---------	---------

I paid the non-interest-bearing security deposit of € _____ (attach the payment receipt).

- The undersigned, declare that I have NOT been invited by Sponsoring Companies.
- The undersigned declares to be aware that the training credits brought back to the three-year reference period can be acquired through direct recruitment within the maximum limit of 1/3, and points out that for this training course he has been invited by the following Sponsor Company:

The signature affixed confirms the data entered and acceptance of the regulation indicated below

Data

Signature

ATTENTION!

Fill in this form in its entirety and send by post or e-mail to:

- Vial Melchiorre Jannelli 25, Catanzaro.
- Email: amelvisrl@hotmail.com - amelvisrl@pec.it
- For info tel +39 3511795053, +39 3409227435 (AMELVI srl) +39 3296722261 (Vein Clinic Dr. Baraldi).

Italian GDPR 679/2016 - Pursuant to current legislation on the protection of personal data, I agree that the data I provide are entered in the AMELVI Srl database and used only to receive information and communications relating to the activity promoted by the aforementioned company and by the exhibiting companies, the name and surname of the participant in courses, congresses and symposia can be displayed at the time of access to the event venues on monitors, due to the optical reading for the purpose of recording attendance for CME accreditation. I take note of the privacy policy on the site: <https://www.amelvisrl.org/privacy>
Please tick the box only if you wish to opt out of this opportunity.