

Registration form

Please complete and return to: CQ Travel srl
Via Pagliano 37, 20149 Milano (Italy) fax +390243911650 e-mail: congress@cq-travel.com
Please print or type and make a copy for your own record.

TO BE FILLED OUT IN CAPITAL LETTERS

Surname _____ Name _____
Address _____
Zip code _____ Town _____ Country _____
Company / Institute _____
Department _____
Specialty _____
Telephone _____ Fax _____
E-mail _____
Only for italian participants: Partita IVA or codice fiscale _____

REGISTRATION FEE

The registration fee includes: admission to the scientific sessions, coffee breaks, lunches, welcome cocktail, abstract book and live surgery DVD (the DVD will be sent to participants after the course).
Optional Advanced Mini-courses on Thursday morning, reserved to proficient rhinoplasty surgeons, are free but limited to the first 70 applicants (in order of arrival of the application and confirmed payment of the course registration fee)

- Early rate** payment received before 5th JANUARY 2012 800,00 (vat included)
 Late rate payment received from 6th JANUARY to 24th february 2012 1000,00 (vat included)
 On site rate payment from 25th FEBRUARY and on site 1200,00 (vat included)
 Residents in training / Physicians from developing countries 500,00 (vat included)
 Social dinner 70,00 (vat included)
 Optional Advanced Mini-courses (bar if desired / not open to residents)

PAYMENT BY

- Bank remittance addressed to CQ TRAVEL s.r.l. Banca Sella - Agenzia G8, Milano
Swift code: SELBIT2BXXX - Iban: IT24W 03268 01605 052866945210
 Credit Card Visa Mastercard American Express

N° _____ Expiry date (month/year) _____

Card holder's name (in capital letters) _____

Signature _____

CANCELLATION

A penalty cancellation of 60 Euro will be made if notice of cancellation is received before 24th February 2012. Cancellations after this date will not be refunded.