

Personal details				
FIRST NAME				
LAST NAME				
EMAIL				
ADDRESS				
ZIP TOWN COUNTRY				
MOBILE PHONE				
AFFILIATION				
DIETARY REQUIREMENTS NO PORK VEGETARIAN VEGAN NO GLUTEN OTHER (ALLERGIES/INTOLLERANCES)				
Invoicing details				
Сомрану				
OR NAME				
EMAIL				
ADDRESS				
ZIP TOWN COUNTRY				
VAT NO. (FOR EUROPEAN COMPANIES ONLY)				
Cod. fisc. (for Italian citizens only)				
DATE OF BIRTH (dd/mm/yyyy) COUNTRY OF BIRTH				



ESLD Teaching Course Lasers & Energy Based Devices

13 14 January 2017, Florence Italy

VILLA DONATELLO



Info: www.esld.eu or theoffice@esld.eu

REGISTRATION FEES			
ESLD member*	€750,00	(*) members who have set their 2017 membership	

ESLD NON MEMBER

REGISTRATION FEE INCLUDES:

All theory and hands on sessions, dinner@8 on Friday $13^{\mbox{\tiny TH}}$ January 2017.

€ 890,00.-

ACCOMMODATION

PARTICIPANTS CAN BENEFIT FROM THE DISCOUNTED RATE APPLIED TO ESDL AT THE NH ANGLO AMERICAN HOTEL IN FLORENCE. PLEASE INDICATE WHETHER YOU NEED HOTEL ACCOMMODATION NO LATER THAN MON 12 DEC 2016.

YES, I NEED HOTELACCOMMODATION

DATE OF ARRIVAL:

DATE OF DEPARTURE:

N. NIGHTS:

RATE:	DOUBLE ROOM SINGLE USE	119,00 EURO/NIGHT
	DOUBLE ROOM	134,00 EURO/NIGHT

TOTAL DUE: EURO

THE RATE INCLUDES BUFFET BREAKFAST

THE ABOVEMENTIONED RATE DOES NOT INCLUDE THE CITY TAX, AMOUNTING TO 4,50.- EURO PER PERSON PER NIGHT.

NO, I DO NOT NEED HOTEL ACCOMMODATION



Payment

BANK TRANSFER

- all amounts are in euro net of all bank charges. Possible differences might be requested onsite.

- please indicate "name surname/Florence TC" as reason for payment

- pay within 10 days after completing this form and send copy of the bank transfer order to the Secretariat by emailing <u>theoffice@esld.eu</u>

Recipient Name:	THE OFFICE S.R.L.
Bank:	UniCredit Banca
Bank address:	VIA CASSA DI RISPARMIO 10 (07030) - TRIESTE
ACCOUNT:	000101867672
IBAN Code:	IT 69F 02008 02230 000101867672
SWIFT/BIC CODE:	UNCRITM10PA

CREDIT CARD

I HEREBY AUTHORIZE THE OFFICE, AS ESLD ADMINISTRATIVE SECRETARIAT, TO CHERGE THE AMOUNT OF

EURO

(CORRESPONDING TO REGISTRATION FEE AND ACCOMMODATION, IF REQUESTED)

ON THE FOLLOWING CREDIT CARD:

CARD TYPE	VISA	MasterCard
Card holder first and last name		
CARD HOLDER DATE OF BIRTH (dd/mm	/уууу)	
Card number		
EXPIRY DATE (mm/yy) (*) The CCV/CCV2 security code for your	r MasterCard, Visa card is th	CCV CODE*e three-digit number on the back of your credit card

DATE

SIGNATURE

Privacy Policy

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