



EUROPEAN  
SOCIETY OF  
PATHOLOGY

INTER-CONGRESS  
OF THE EUROPEAN SOCIETY  
OF PATHOLOGY

*Focus on activities of  
the Working Groups and  
of Associated Societies*

AND  
ANNUAL MEETINGS  
of the ITALIAN SOCIETY  
of PATHOLOGICAL ANATOMY  
and CYTOLOGY (SIAPEC) and  
of the ITALIAN DIVISION of IAP

MAY 19-20-21, 2002

GRAND HOTEL DINO • BAVENO  
LAGO MAGGIORE • ITALY

INVOICE DATA

Name / Institution \_\_\_\_\_  
 Address \_\_\_\_\_  
 Postal Code \_\_\_\_\_  
 City \_\_\_\_\_  
 Country \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Vat number / Fiscal code \_\_\_\_\_

ORGANISING SECRETARIAT



CCI - Centro Congressi Internazionale srl  
 Via Cervino, 60 - 10155 Torino - Italy  
 phone: +39 011 2446921, 2446911  
 fax: +39 011 2446900  
 e.mail: info@congressiefiere.com  
 http: www.congressiefiere.com

## REGISTRATION FORM

PLEASE TYPE OR PRINT IN BLOCK LETTERS

Family Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Institutions \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E.mail \_\_\_\_\_

ACCOMPANYING PERSON(S)

1. Family Name \_\_\_\_\_ First Name \_\_\_\_\_  
 2. Family Name \_\_\_\_\_ First Name \_\_\_\_\_

### REGISTRATION FEES - PRICES IN EUR

	BEFORE FEBRUARY 1, 2002	AFTER FEBRUARY 1, 2002
Members	<input type="radio"/> 190,00 €	<input type="radio"/> 250,00 €
<input type="checkbox"/> ESP		
<input type="checkbox"/> SIAPEC		
<input type="checkbox"/> IAP (Italian Division)		
<input type="checkbox"/> Hematopathology Society		
<input type="checkbox"/> Paediatric Pathology Society		
<input type="checkbox"/> Cardiovascular Pathology Society		
Non-members	<input type="radio"/> 270,00 €	<input type="radio"/> 330,00 €
Residents in Pathology *	<input type="radio"/> 150,00 €	<input type="radio"/> 200,00 €
Students **	<input type="radio"/> 150,00 €	<input type="radio"/> 200,00 €
Accompanying Persons	<input type="radio"/> 80,00 €	<input type="radio"/> 100,00 €

Total \_\_\_\_\_ Fees \_\_\_\_\_ € \_\_\_\_\_ €

\* Official proof of resident status must be presented. \*\* Photocopy of valid Student Card required.

### METHOD OF PAYMENT

PLEASE ENCLOSE WITH YOUR REGISTRATION FORM:

COPY OF THE GIRO TRANSFER FORM PAYABLE TO:

CCI - Centro Congressi Internazionale srl  
 Via Cervino, 60 - 10155 Torino - Italy  
 Cassa di Risparmio di Torino - Agenzia 8  
 C/C I112984 - ABI code - 06320 - CAB code 01008  
 Swift code CRTOITTT

OR A CHEQUE MADE PAYABLE TO:

Centro Congressi Internazionale srl

OR CREDIT CARD:

VISA  EUROCARD  MASTERCARD  AMERICAN EXPRESS

OTHERS (specify) \_\_\_\_\_

Card Number \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Expiration Date \_\_\_\_\_

All bank charges must be paid by the participant. Please quote the name of the participant on every giro transfer form or name or cheque.

Signature \_\_\_\_\_ Date \_\_\_\_\_