

# 6<sup>th</sup> INTERNATIONAL PALERMO CONFERENCE ON: INNOVATIVE THERAPIES FOR LYMPHOID MALIGNANCIES

Palermo November 10<sup>th</sup> - 12<sup>th</sup>, 2016



## REGISTRATION FORM

LAST NAME.....

FIRST NAME.....

NATIONAL INSURANCE NUMBER/ FISCAL CODE.....

DOB AND PLACE.....

ACADEMIC TITLE.....

INSTITUTION.....

DEPARTMENT.....

ADDRESS.....

ZIP..... CITY.....

STATE/COUNTRY.....

PHONE NUMBERS.....

MOBILE.....

E-MAIL.....

### REGISTRATION

- 450,00\* euros by July 31<sup>th</sup>, 2016
- 500,00\* euros after July 31<sup>th</sup>, 2016
- 350,00\* euros (Post - Doctorial fellows younger than 35 years old)

\* + VAT 22%

### PAYMENT

TOTAL AMOUNT DUE € \_\_\_\_\_

- Please note that only a limited number of registrations will be accepted. Cancellations must be received in writing not later than August 31<sup>st</sup>, 2016, otherwise no refund will be provided. **Registration forms without prepayment cannot be processed**

Registration fee may be paid by the following Credit Card:

MASTERCARD / EUROCARD  VISA

CARD NUMBER:

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EXPIRE TIME □□/□□ cvc □□□

CARD HOLDER SIGNATURE \_\_\_\_\_

- Payment by Bank Swift to:  
APP Srl - Banca Credito Siciliano  
Iban: IT66H0301904600000002132013  
Bic Swift: RSANIT3P

### INVOICE INFORMATION:

Name or Institution or Company .....

Address .....

Zip.....City .....

Vat code or Fiscal Code.....

send by email to: **congressi@appservizi.com**

### ORGANIZING SECRETARIAT



APP Servizi - Via Tevere 9 - 90144 Palermo (Italy)  
Email: [congressi@appservizi.com](mailto:congressi@appservizi.com)  
Phone: +39 348 090 7892

LAW No 675/96 ART. 10

We hereby inform you that all your personal information will be used only by APP SERVIZI to enrolle your name to the above mentioned meeting according to law no. 675/art.10