



## REGISTRATION FORM

- Standard rate (€ 585,00 VAT INCLUDED)       Members\* (€ 488,00 VAT INCLUDED)
- Reduced rate (€ 488,00 VAT INCLUDED)       Perfusionist (€ 210,00 VAT INCLUDED)
- One day fee (€ 150,00 VAT INCLUDED)       Students (Free of charge)       Residents (Free of charge)

(\* Members of SICVE, SCV, SEACV, ESCVS), SBACV, SICCH, ITACTA, ICIR

(\*\*) Registered participants to 2018 edition of CICE, CIV-World, EVC, Porto Vascular Conference, SITE, VeithSymposium

Surname \_\_\_\_\_ Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

in \_\_\_\_\_

Institute \_\_\_\_\_

Institute address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

### Privacy policy

In accordance with General Data Protection Regulation UE 2016/679 we declare that the holder of data processing is Achelois Srl. Please take more information about personal data processing by accessing the site [www.achelois.eu](http://www.achelois.eu).

### AUTHORIZATION TO DATA MANAGEMENT FOR THE EVENT

- I authorize Achelois srl to handle my personal data for purposes strictly connected to the present and future registrations. Achelois srl declares that this data will not be divulged or delivered to third parties, that are not strictly involved in the event management. IMPORTANT: by denying this authorization, registration to the event will not be allowed. AUTHORIZATION TO DATA MANAGEMENT FOR THE EVENT \*

### AUTHORIZATION TO DATA MANAGEMENT FOR OTHER PURPOSES

- I authorize Achelois srl to handle my personal data for marketing purposes (events announcements, newsletters and information on other events organized by Achelois srl and/or other Event Providers). Achelois srl declares that this data will be not be given to other subjects, that are not strictly involved in the Event organization. AUTHORIZATION TO DATA MANAGEMENT FOR OTHER PURPOSES

### Signature

\_\_\_\_\_



## Authorization form for Credit Card payments

To the kind attention of **Achelois srl** – Via Larga 8 – 20132 Milano  
Please return this form by e-mail to [linda.isella@achelois.eu](mailto:linda.isella@achelois.eu)

Ref. **HTDI 2018 Aortic Surgery - Peripheral & Venous HOW TO DO IT**

Amount \_\_\_\_\_

Surname and Name/Society \_\_\_\_\_

VAT number \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Credit card:  VISA  MASTERCARD

*(Amex, prepaid and electronic card will not be accepted)*

Credit card owner : \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expire date: \_\_\_\_\_

Secure code (3 digits): \_\_\_\_\_

*Signature*

\_\_\_\_\_