

REGISTRATION FORM

COMPLETE IN BLOCK CAPITALS AND MAIL OR FAX OR EMAIL TO:

CQ-Travel Via Pagliano, 3 I-20149 Milano E-mail: masterclass@cq-travel.com
Tel: +39 024804951 Fax: +39 0243911650 / +39 0243316070

Family Name _____

First Name _____

VAT Number (or Codice Fiscale, for Italians) _____

Specialty _____

Zip Code / City /Country _____

Street _____

Phone _____

Fax _____

E-mail _____

PLEASE ADDRESS THE INVOICE TO (to be filled in case of different address from the one above indicated)

OPTION "FULL" (Full Masterclass: Segment 1 + Segment 2)

Regular: €1.200 (Euro 1.000 + 20% VAT)

Member European Academy of Facial Plastic Surgery: €1.020 (Euro 850 + 20% VAT)

Young Physician (under 30 yrs): €660 (Euro 550 + 20% VAT)
- copy of the identity card to be provided -

Physician from Eastern Europe (*), Africa and South America: €660 (Euro 550 + 20% VAT)

OPTION "SINUS/SKULL BASE" (Segment 1 "Endoscopic Sinonasal & Skull Base Microsurgery")

Regular: €840 (Euro 700 + 20% VAT)

Member European Rhinologic Society: €720 (Euro 600 + 20% VAT)

Young Physician (under 30 yrs): €480 (Euro 400 + 20% VAT)
- copy of the identity card to be provided -

Physician from Eastern Europe (*), Africa and South America: €480 (Euro 400 + 20% VAT)

OPTION "RHINOPLASTY" (Segment 2 "Rhinoplasty ")

Regular: €840 (Euro 700 + 20% VAT)

Member European Academy of Facial Plastic Surgery: €720 (Euro 600 + 20% VAT)

Young Physician (under 30 yrs): €480 (Euro 400 + 20% VAT)
- copy of the identity card to be provided -

Physician from Eastern Europe (*), Africa and South America: €480 (Euro 400 + 20% VAT)

(*) Albania, Baltic Republics, Belarus, Bosnia-Herzegovina, Bulgaria, Croatia, Czech Republic, Hungary, Macedonia, Moldova, Poland, Romania, Russian Federation, Serbia-Montenegro, Slovakia, Ukraine

REGISTRATION FORM

PAYMENT

For confirmation please enclose copy of the payment

a) **CREDIT CARD** (*):.....
(* Please indicate: VISA, MASTERCARD, AMEX)

Cardholder's Name

Cardholder's Signature

Card Number: _____

Amount to be charged: Euro Expiration date: /

b) **BANK TRANSFER** – Copy of the bank transfer to be enclosed -

Account name: **CQ Travel srl**

Account Number: **052866945210**

Bank name: **Banca Sella**

IBAN: **IT73S0326801601052866945210**

BIC (Swift): **SELBIT2BXXX**

Reference: **" Family Name and First Name of the participant –
Milano Masterclass 2009 - Option ... "**

(please indicate the chosen option "FULL", "SINUS/SKULL BASE", or
"RHINOPLASTY")

- Personal cheques are not accepted.
- All bank expenses are to be paid by the forwarder. Eventual unpaid bank charges must be paid cash at the registration desk.
- A photocopy of your bank transfer together with the Registration Form has to be faxed (Fax: +39 0243911650 - +39 02 43316070) or Emailed (masterclass@cq-travel.com) to CQ Travel, Milano. A confirmation will be sent after the fees have been cashed. To facilitate on site-management, participants should bring the confirmation letter to the registration desk.

REGISTRATION FEE

Registration fee includes: • tuition • gala dinner(s) • simultaneous translation • certificate(s) of attendance • coffee-breaks • buffet lunches

On-Site registration: €100 to be added

REFUND POLICY

If a written request is received before 20.02.2009: a 75% refund will be allowed. After this date no refund is due. All refunds will be handled after the Masterclass.

MASTERCLASS CANCELLATION POLICY

In the unusual circumstance that the meeting is cancelled, two weeks notice will be given and tuition will be refunded in full. The Organizers are not responsible for any airfare, hotel or other costs incurred.

Date Signature