



# APPLICATION FORM

## EFIC® PAIN SCHOOL 2019

Please use CAPITAL letters when completing this form  
Please save a copy of this document for your own record

<b>REGISTRATION</b>	<input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Last name:		First name(s):		Nationality:	
	Date of birth:		Place of birth:		Country:	
	Address:		City:	Postal code:	Country:	
	Mobile (compulsory):		E-mail (compulsory):		FAX:	
	Medical Specialty:			Food intolerance/Special food needs (please specify):		
	If VISA needed - Please send me Invitation Letter within: ___ / ___ / _____ (Passport copy required)					
<b>ACCOMMODATION</b>	Arrival Date:		Departure date:		N. of nights:	
	<i>Please tick as preferred</i> <input type="checkbox"/> Single room B&B <input type="checkbox"/> Double room B&B		<b>HOTEL 4* near the Course Venue</b> IF YOU'RE SHARING THE ROOM WITH ANOTHER PARTICIPANT YOU WILL NOT PAY ANY EXTRA-CHARGE. (City tax included) *Extra-charge for single room: cost on request **Accompanying Person in twin/double room B&B: cost on request Last Name: _____ First Name(s): _____ Phone : _____ Extra nights in addition to 4 nights covered by the EFIC Grant/Registration Fee: Single Room: cost on request - Double Room: cost on request			
<b>INVOICING TO..</b>	Complete Name or Company Name:					
	Address:		City:	Postal code:	Country:	
	Mobile (compulsory):		E-mail (compulsory):		FAX:	
	VAT CODE:					
ITALIAN DELEGATES ONLY   Codice Destinatario SDI*   _   _   _   _   _   _   _   _   _   _   PEC*						

<b>PAYMENT METHOD</b>  All payments must be in EURO only and made payable to Defoe by using one of the following methods:	<b>REGISTRATION FEE</b>		<input type="checkbox"/> EFIC Grant <input type="checkbox"/> Registration Fee 1.250,00€* <small>*Fee includes certificate of attendance, EACCME, coffee breaks, lunches and dinners, accommodation.  **All costs are in Euro, VAT free (for Participants and Companies).</small>		
	<input type="checkbox"/> Bank Transfer		<input type="checkbox"/> Credit Card*		
	DEFOE S.r.l. Bank: CREDIT AGRICOLE CARIPARMA - PIACENZA BBAN: E 0623012614000040340765 IBAN: IT 89 E062 3012 6140 0004 0340 765 Swift Code: CRPPIT2P BIC: CRPPIT2P100		<i>Kind of card:</i>	<i>Last name:</i>	<i>First name(s):</i>
			<i>Credit card number:</i>	<i>Expiry date (month/year):</i>	<i>Security code (last 3 numbers listed on the back):</i>
<small>* We will charge the amount on your credit card only after we receive your authorization and confirmation of the reservation.</small>					

<b>TRANSPORTATION INFORMATION</b>	<b>ARRIVAL</b>	<input type="checkbox"/> by car <input type="checkbox"/> by train <input type="checkbox"/> by plane <input type="checkbox"/> others (please specify_____)					
		Expected date and time of arrival at the hotel in Venice* _____					
		<small>* NO TRANSFER will be provided on arrival day. Please let us know your arrival time in order to organize the welcome reception at best.</small>					
	<b>DEPARTURE</b>	<input type="checkbox"/> by car <input type="checkbox"/> by train <input type="checkbox"/> by plane <input type="checkbox"/> others (please specify_____)					
			<b>Date</b>	<b>Airport/Station</b>	<b>Time</b>	<b>N° flight - Terminal</b>	<b>Directed to</b>
<b>Flight/ train details**:</b>							
Accompanying person(s) <input type="checkbox"/> YES <input type="checkbox"/> NO							
<small>** A TRANSFER FROM VENICE WILL NOT BE PROVIDED at the end of the school lessons to the Marco Polo International Airport - Venice. Please book your flights/trains starting from 3 PM - see the "Vademecum of participants" for more info (you will receive it before the course starts).</small>							

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