

REGISTRATION FORM

Convegno A.I.R.O. Rome 12.01.19 presso Polo Didattico Via Oderico da Pordenone 3, 00145 Roma

Please fill in and return this form to the following address: info@accademiaozono.com

Type or print in capital lette	rs: □ Mr. □ Mrs.	
First name		
Organization/Company		
Tax Code		
Mailing address		
Address		
City	State/Province	Postal/Zip code
Country		
Cell Phone (include country,	city and area codes)	
Fax number (include country	v, city and area codes)	
E-mail address		
Web address		
Medical Specialty:		

Registration fees:

Members AIRO 2018/2019	50€
Not Members AIRO	100€

Registration total amount: € _

Registration confirmation: Your completed registration and successful payment will be automatically acknowledged via email with confirmation of your requirements according to your registration form. Your registration will only be confirmed on full payment of fees due.

DATA FOR PAYMENT: Please indicate the method of payment you are using (all payments are to be made in Euro, net of all bank charges and commission): **Paypal:** <u>amministrazione@accademiaozono.com</u>

Reason for payment: [Participant's name] - "Convegno AIRO" A copy of the transfer order should be faxed or sent by e-mail together with the registration form.

□ Bank: IT28G0329601601000064364368

Reason for payment: [Participant's name] - "Convegno AIRO" A copy of the transfer order should be faxed or sent by e-mail together with the registration form.

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FOR INFORMATION: +39 331.66.89.373 - Dott.ssa Gabriella Scibilia e-mail: info@accademiaozono.com

Date

Signature