



XIV INTERNATIONAL SYMPOSIUM ON PROGRESS IN CLINICAL PACING 2010

NOVEMBER 30
DECEMBER 3, 2010
ROME, ITALY
ROME CAVALIERI

Chairman: MASSIMO SANTINI

Registration Form

First Name (in capital letters)

Family Name (in capital letters)

Mailing Address

Zip Code

City

Country

Phone

Fax

E-mail

For citizen of EU countries

Fiscal Code

VAT number

NO VAT NUMBER

Registration Fee (20% VAT included)

- **Early registration fee: Before September 30, 2010** € 800,00 (20% VAT included)
- **Late registration fee: Before November 15, 2010** € 900,00 (20% VAT included)
- **On-site registration fee: After November 15, 2010** € 980,00 (20% VAT included)

Information on payment methods and details:

- **Until November 3, 2010 payment is possible**

By bank Transfer By credit card

- **After November 3, 2010 payment is possible only**

By credit card

Please indicate which of the following means of payment you intend to use:

- By bank transfer, available until November 3, 2010** (please enclose herewith copy of bank receipt)

Payment must be made to AIM CONGRESS

Bank detail: Intesa Sanpaolo filiale 01676 - Via Po, 78 - Rome

IBAN: IT25 0030 6905 0656 1520 2115 501 - BIC: BCITITMM

Clearly state "XIV International Symposium on Progress in Clinical Pacing" and the name(s) of delegate(s).

Please enclose receipt of the bank transfer issued and copy of the registration form duly filled in.

- By credit card**

American Express

Visa / CartaSi

EuroCard / MasterCard

Please charge €

to my account

Card number

Expiration date

Security Code

Full Name (as on card)

Card holder address

Card holder tel No.

Date

Signature



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Cancellations

Cancellations received on/before **October 29, 2010**, will be refunded less 30%.
Cancellations received after this date will not be refunded.

PLEASE RETURN THIS REGISTRATION FORM TO:

"XIV International Symposium on Progress in Clinical Pacing"
AIM Group
Rome Office: Via Flaminia, 1068 - 00189 Rome, Italy
Phone: +39 06 33053.1 - Fax: +39 06 23325625

**REGISTRATION WILL BE PROCESSED ONLY WHEN ACCOMPANIED BY TOTAL PAYMENT.
REPRODUCE FORM FOR ADDITIONAL REGISTRATIONS. ENTIRE FORM MUST BE SUBMITTED.**

PURSUANT INFORMATION ON LAW 196/2003

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I authorize the treatment and communication of my personal data as described above.

Date

Signature