



ESAO
European Society
for Artificial Organs
XXXII Congress

&



IFAO
International Federation
for Artificial Organs
I Congress

Bologna (Italy), October 5 - 8, 2005

REGISTRATION FORM

Deadline for reduced Registration fee: August 31, 2005

Please return this Form duly completed in print with your payment to:

OMNIA Meeting & Congressi s.r.l.

Via Torino, 29 - I 00184 Roma

Tel. + 39.06.4871366 - Fax + 39.06.4815339

E-mail: esao2005@omniameeting.com - Website: www.omniameeting.com/esao2005

Surname _____ Name _____

Address _____

City _____ Zip Code _____ Country _____

Telephone _____ Fax _____ E-mail _____

PLEASE ADDRESS INVOICE TO _____

For Italian participants only: Partita IVA / Codice Fiscale _____

Accompanying person YES (Name) _____ NO

Tentatively, plan to attend: Pre-Congress Educational Courses

ESAO Working Group Meetings

Lunch-time Symposia

REGISTRATION FEE (20% VAT included) **Before August 31** **After August 31**

• ESAO Members	€ 300,00	€ 360,00
• Non-Members	€ 350,00	€ 410,00
• Trainees/Nurses	€ 150,00	€ 200,00
• Accompanying Person	€ 100,00	€ 100,00

PAYMENT PROCEDURE (please check your preference):

WIRE TRANSFER

– Remitted on **BANCA di SASSARI (Filiale di Roma) Via XX Settembre, 98/E - Roma**

Bank codes • **IBAN IT91 X056 7603 2000 0000 3001 327**

• **SWIFT BPSAIT35**

Copy of the draft must be attached to this Registration Form specifying “**ESAO & IFAO CONGRESS**”

CREDIT CARD

American Express

VISA/MasterCard

Diners

Expiry date _____

Cardholder name _____ Card number _____

Please find enclosed the following amount: Registration € _____

Acc. Person € _____

Total due € _____

Date

Signature

An invoice confirming payment of the registration fee will be sent to each participant.