



Vascular Access Society

6TH International Congress on Vascular Access

Rome (Italy) April, 20-22, 2009

REGISTRATION FORM

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: vascularaccess2009@omniameeting.com - Website: www.omniameeting.com/vascularaccess2009

Surname _____ Name _____

Address _____

City _____ Zip Code _____ Country _____

Phone _____ Fax _____ E-mail _____

Date of birth _____ Place of birth _____

PLEASE ADDRESS INVOICE TO _____

Fiscal Code _____

Accompanying person YES (Name) _____ NO

REGISTRATION FEE (VAT included)	After 12/01/2009	On site
• Active Members of the VAS (3 day)	€ 600,00	€ 660,00
• Non-Members 3 day	€ 780,00	€ 840,00
• One Day Congress	€ 300,00	€ 360,00
• Students	€ 140,00	€ 140,00
• Gala Dinner	€ 90,00	€ 90,00

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 BPSAIT3S

Copy of the draft must be attached to this Registration Form specifying “6th International Congress on Vascular Access”

CREDIT CARD

American Express

VISA/MasterCard

Diners

Expiry date _____

Cardholder name _____ Card number _____

Please find enclosed the following amount: Registration € _____

Gala Dinner € _____

Total due € _____

Date _____

Signature _____

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