



Associazione Farmaceutici Industria
Società Scientifica

57^o AFI SYMPOSIUM
RIMINI 7th · 8th · 9th
JUNE 2017
with the participation of AFTI and CRS Italian Chapter

REGISTRATION FORM

Last name _____

First name _____

Company _____

Job position _____

Tel. _____ Fax _____

E-mail _____

Invoice to

Corporate name _____

Tax code _____

VAT number _____

Address for invoice _____

Zip code _____ City _____

E-mail address for invoice as pdf file _____

REGISTRATION FEE

- | | Until May 12 th | After May 12 th |
|---|---|---|
| • AFI, AFTI, CRS Member | <input type="checkbox"/> € 850,00 + VAT 22% | <input type="checkbox"/> € 900,00 + VAT 22% |
| • Not Member | <input type="checkbox"/> € 950,00 + VAT 22% | <input type="checkbox"/> € 1.020,00 + VAT 22% |
| • Public Administration, retired associated and for one of the authors of each poster | <input type="checkbox"/> € 550,00 + VAT 22% | <input type="checkbox"/> € 600,00 + VAT 22% |
| • Daily (valid for entry to one of the three days of the Symposium) | <input type="checkbox"/> € 480,00 + VAT 22% | <input type="checkbox"/> € 480,00 + VAT 22% |
| • Public Administration (valid for entry to one of the three days of the Symposium) | <input type="checkbox"/> € 200,00 + iva 22% | <input type="checkbox"/> € 200,00 + iva 22% |
- Select the day:** 7th June 8th June 9th June

Registration fee includes:

- Admittance at Symposium and at exhibition area
- Summing-up of works and documentation
- Catalogue of meeting points and USB key with promotional infos of attending Companies
- 3 lunches
- 4 Coffee breaks
- Welcome buffet June 7th (not included in the daily registration fee)
- Gala Dinner June 8th (not included in the daily registration fee)



Only cancellations of registrations received in writing before May 26th 2017 will be refunded 50%; please note that no refund will be made for cancellations notified after this date, except for the possibility of replacing the registered participant with other name.

This form must be received by May 26th 2017 to New Aurameeting, and the payment of the participation fee has to be made contextually.

PAYMENTS:

1. bank transfer to **NEW AURAMEETING S.r.L** (VAT n. 04055900965)

Banca Popolare di Milano Ag.15

IBAN: IT65 T 05584 01615 000000043206

SWIFT: BPMIITM1015

Please specify in the reason for payment, the name of the participant and the reason for payment (copy of the bank voucher has to be sent by fax or e-mail).

2. credit card

Mastercard

American Express

Visa

Credit Card number

Card owner

Expiry date

Safety code (written on the back of the card)

Total amount

Send within May 26th 2017 to:

NEW AURAMEETING S.r.L

Via Rocca D'Anfo, 7 - 20161 MILANO

Tel. +39 02 66203390 - Fax +39 02 66200418

Francesca Rossoni e-mail: f.rossoni@newaurameeting.it

www.newaurameeting.it

Date

Signature

Holder of the data processing: New Aurameeting Srl, Via Rocca d'Anfo, 7 - Milan. Purpose: execution of events and related services offered. Exercisable rights (art. 7 of Legislative Decree 196/2003) by writing to New Aurameeting Srl, Via Rocca d'Anfo, 7 - Milan

Holder of the data processing: AFI, Viale Ranzoni, 1 - Milan. Purpose: execution of events and related services offered. Exercisable rights (art. 7 of Legislative Decree 196/2003) by writing to AFI, Viale Ranzoni, 1 - Milan