

**CONFERENCE REGISTRATION FORM**

**6<sup>th</sup> International Course on Laryngostroboscopy  
and Fiberoendoscopic Phonosurgery  
Cesena, October 22-23, 2020**

*Please print and return by e-mail, regular mail or fax before October 3<sup>rd</sup>, 2020.*

**1. Participants information**

Family name: \_\_\_\_\_

Title: \_\_\_\_\_  Prof.  Dr.  other: \_\_\_\_\_  Mr.  Ms.  Mrs.

First name: \_\_\_\_\_

Organisation: University of Colorado at Boulder \_\_\_\_\_

Address \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**SPECIAL NEEDS**

Please let us know if you have any special dietary or medical needs (e.g. vegetarian meals, wheelchair access required)

HEALTH/DISABILITY NEEDS \_\_\_\_\_

DIETARY NEEDS \_\_\_\_\_

**2. Conference Fee**

Conference fees include admission to conference sessions, lunches, coffee, beverages and cookies during breaks, registration materials.

FEES	VAT 22% INCLUDED
MEDICAL DOCTORS	€ 488,00
MEDICAL DOCTORS under40	€ 366,00
STUDENTS	€ 244,00
SPEECH THERAPISTS	€ 122,00
MEDICAL DOCTORS (IAP/ELS MEMBERS)	€ 439,20
MEDICAL DOCTORS under40 (IAP/ELS MEMBERS)	€ 395,28
STUDENTS (IAP/ELS MEMBERS)	€ 219,60
SPEECH THERAPISTS (IAP/ELS MEMBERS)	€ 109,80

**3. Payment**

Bank Transfer:

Account Holder: A.C. Gruppo ORL Cesena  
Bank: Credite Agricole Cariparma SpA - Sede Cesena  
IBAN: IT92D0623023900000030959039

**\*\* PLEASE NOTE THAT ALL BANK EXPENSES MUST HAVE BEEN PAID BY THE PARTICIPANT .  
Please write "NAME and SURNAME-STROBO 2020" on the bank transfer.**

By cheque:

Made out to A.C. Gruppo ORL Cesena and send to:

MOMEDA EVENTI  
Via San Felice, 6  
I - 40122 BOLOGNA BO

*\*\* Please state "STROBO 2018" and the full name of the participant on the bank transfer or cheque!  
Payments should be made in EURO and without charges to the beneficiary.*

#### **4. Additional Instructions**

**Deadlines:** Prepaid Advanced Registration must be electronically submitted, faxed or mailed no later than **October 3rd, 2020**. Please use one form per person. If you should have problems registering, please contact the Conference Organizing Secretariat at [info@momedaeventi.com](mailto:info@momedaeventi.com)

**Payment Information:** Registration forms must be accompanied by full payment in order to be processed.

Declined credit are considered non payments and registration will not take place. No registrations will be accepted by telephone.

**Refund policy:** The Organizing Secretariat should be notified of cancellations in writing.

If the Organizing Secretariat receives cancellations before **October 3<sup>rd</sup>, 2020**, the total conference fee will be refunded, less 20,00 euro administration costs. For cancellations between **October 3<sup>rd</sup>** and **October 15<sup>th</sup>** a 50% of the total amount will be refund.

After **October 15<sup>th</sup>, 2020** no refunds will be made. Please note that refunds will only be made after the conference. „No shows“ are non-refundable and are liable for the full registration. If you cannot attend, you may send a substitute person. The original registrant must submit a written authorization for such a change.

**Confirmation:** Please allow up to 10 days for mailed confirmation of your registration.

By sending in this registration form, I acknowledge that I commit myself to the immediate payment of the full conference fee. I have taken notice of the cancellation terms on this form.

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_

#### **Return address:**

Organizing Secretariat  
MOMEDA EVENTI - Via San Felice, 6  
I - 40122 Bologna BO  
Tel: +39 051 5876729 -Fax: +39 051 5876848  
E-mail: [momedaeventi@momedaeventi.com](mailto:momedaeventi@momedaeventi.com)