The 9th Edition of MRI in Veterinary Medicine

May 18th-19th, 2018

Rosa Marina Resort, Ostuni
Puglia (Italy)

Organizing Secretariat E.V.
Palazzo Trecchi - Cremona (ITALY)
Phone: 0039 0372 403509
E-mail: erika.taravella@evsrl.it
Website: www.esaotevetmrimeeting.org
REGISTRATION FORM

REGISTRATION CAN BE MADE ONLY THROUGH THE FOLLOWING METHODS

● ON LINE: http://registration.evsrl.it/

● OFF LINE: sending the registration form by fax, scanned via e-mail or by ordinary mail to:
  E.V. Soc. Cons. a r.l. - Via Trecchi, 20 - 26100 Cremona - ITALY
  Phone 0039 0372 403509 - Fax 0039 0372 403558 - E-mail: erika.taravella@evsrl.it

PLEASE FILL OUT THE FORM IN CAPITAL LETTERS

FAMILY NAME ........................................................................... FIRST NAME ...............................................................................................

STREET ....................................................................................... ZIP CODE ........................................................................................................

CITY ........................................................................................... COUNTRY ............................................................................................... 

PHONE ...................................................................................... FAX ......................................................................................................

EMAIL ....................................................................................... TAX CODE NUMBER ...................................................................................

REGISTRATION FEE

The registration fee includes participation to the meeting, congress bag, proceedings, coffee and lunch breaks.

VAT EXEMPTION FOR NON-ITALIAN PERSONS AND COMPANIES

You can choose fees without VAT (Value Added Tax) ONLY IF:

1) The invoicing address is outside Italy AND in the EUROPEAN UNION AND
   You supply a valid VAT Code in the “Invoicing Data” Section

2) You are a Non-EU citizen and you can submit a declaration that you are a freelancer providing the company details (name, address and tax code)

IF YOU CHOOSE A FEE WITHOUT VAT AND YOU ARE AN ITALIAN CITIZEN, AN ITALIAN COMPANY, AN EU CITIZEN/COMPANY WITHOUT A VALID VAT CODE, A STUDENT, A PUBLIC/PRIVATE EMPLOYEE YOUR REGISTRATION CAN NOT BE PROCESSED.

FOR ANY QUERY PLEASE CONTACT THE SECRETARIAT

<table>
<thead>
<tr>
<th>VAT EXCLUDED</th>
<th>VAT INCLUDED</th>
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<tbody>
<tr>
<td>EU PRIVATE/COMPANY WITH VAT CODE</td>
<td>EU PRIVATE/COMPANY WITHOUT VAT CODE</td>
</tr>
<tr>
<td>EARLY REGISTRATION UNTIL MARCH 31ST</td>
<td>REGULAR REGISTRATION UNTIL APRIL 30TH</td>
</tr>
<tr>
<td>REGISTRATION FEE</td>
<td>€ 650,00</td>
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<tr>
<td>EARLY REGISTRATION UNTIL MARCH 31ST</td>
<td>REGULAR REGISTRATION UNTIL APRIL 30TH</td>
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<tr>
<td>REGISTRATION FEE</td>
<td>€ 793,00</td>
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DIETARY REQUIREMENTS
If you have a special diet requirement (do not include food preferences, likes or dislikes), it is necessary to notify E.V. Soc. Cons. a r.l. Please indicate your preference by ticking one of the following options:

- Vegetarian
- Celiac
- No beef on religious ground
- Vegan
- Kosher
- Other (please specify) ………………………………………

Please indicate any allergy you may have ……………………………………………………………………………………………………………

INVOICING
VAT Holder Details - Heading of the invoice:

VAT Code …………………………………………………………………………………………………………………………………………………

Corporate name ………………………………………………………………………………………………………………………………………

Address …………………………………………………………………………………………………………………………………………………… ZIP CODE ……………………………………………………

CITY …………………………………………………………………………………… COUNTRY …………………………………………………

CONDITIONS OF OFF LINE PAYMENT
All registration forms must be sent along with the necessary payments in Euros only. Registration will be processed only upon receipt of payment. For payment through bank transfer the bank fees are at delegate's charge.

METHODS OF PAYMENT (please tick one)

☐ CREDIT CARD (not electronic) ○ VISA ○ EUROCARD ○ MASTERCARD ○ CARTA Sì

Expiry date 11/11/11 Card number 1111 1111 1111 1111 1111 1111

Last 3 on the back 111

Card Holder's name …………………………………………………………………………………………………………………………………

Date (d/m/y) ……………………………………………………… Signature ………………………………………………………………………

☐ BANK CHEQUE in Euros only, to the order of “E.V. Soc. Cons. a r.l.”

CANCELLATION POLICY
For cancellations notified by the participant before March 31st a refund of 75% of the registration fee will be made or is due. No refund can made after this date. All refunds will be made soon after the meeting.

DATE …………………………………………………… SIGNATURE ………………………………………………………………………

Privacy - According to the Italian Rules June 30th 2003, n. 196 (G.U. July 29th, 2003, n. 174, Supplemento ordinario n. 123/L) the underwriter authorizes the Organizing Secretariat to make use of his/her personal data in order to fulfill all registration purposes concerning the organization of the Congress.

Signature ………………………………………………………