## IV Meeting on the

# MOLECULAR MECHANISMS OF NEURODEGENERATION

Aula Magna, Università degli Studi di Milano - Italy **May 8-10, 2009** 

### **Registration form**

Please send this form <u>COMPLETELY AND CLEARLY FILLED IN (IN CAPITAL LETTERS)</u>
by April 15th, 2009, together with a copy of the payment to:
KEYWORD Europa **Fax +39 02 54124871** Tel. +39 02 54122513/79 E-mail: keyword2@mdsnet.it

| Surname name  |  |  |                          |                          |
|---|--|--|--------------------------|--------------------------|
| First name  |  |  |                          |                          |
| Address   |  |  |                          | n°                       |
| City  |  |  |                          |                          |
| zip code  | Country  |  |                          |                          |
| Tel   |  | Fax  |                          |                          |
| E-mail  |  |  |                          |                          |
| C.Fiscale (for Italia                                   | n Participants)  |  |                          |                          |
| Hospital  |  |  |                          |                          |
| Title   |  |  |                          |                          |
| Discipline  |  |  |                          |                          |
|   |  |  |                          | n°                       |
|   |  |  |                          |                          |
|   |  |  |                          |                          |
| E-mail  |  |  |                          |                          |
| FROM ITA Cod. Iban : FROM ABI account no Cheque n. Bank | (copy enclosed) to:  LY: KEYWORD Europa srl-Monte T 41 X 01030 01606000000848  ROAD: KEYWORD Europa srl- Mc . IT 41 X 01030 0160600000084  RD Europa srl - Via L. Mancini, 3 | 025<br>onte dei Paschi di Siena-A<br>18025 BIC CODE PASC IT<br>B - 20129 Milan (I) | Ag. n.6 Milano<br>MM XXX |                          |
| N°.   |  |  | Ехр                      |                          |
| Addressed   | to   |  |                          |                          |
| Invoice to: Surname name                                |  |  |                          |                          |
| First name  |  |  |                          |                          |
| Address   |  |  |                          |                          |
|   |  |  |                          | _ zip code               |
| C.Fiscale / P.Iva. (                                    | or Italian Participants) n   |  |                          |                          |
| I authorise the us                                      | e of my personal data in compliance<br>order to receive info   | with the Italian Legislative I<br>ormative and commercial co                       | , ,                      | zational purposes and in |

Signature.....

### **IV** Meeting on the

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| Registration Fee                   | Regular  | PostDoc and Students under 30 years old |
|------------------------------------|----------|---|
| Until April 9 <sup>th</sup> , 2009 | € 250,00 | € 150,00                                |
| After April 9 <sup>th</sup> , 2009 | € 350,00 | € 180,00                                |
| (fees include taxes)               |          |   |

Registration fee includes: participation to scientific sessions, congress bag, badge and attendance certificate, welcome party, 2 lunches, coffee breaks

Social dinner: characteristic tram ride to the restaurant with sightseeing of Milan on the way and dinner in a typical Italian restaurant €60,00

#### **Hotel accomodation** (Reservation fee: € 16,00)

| ****Hotel (A) Saint George (B) Crivis (C) Lloyd (D) Plaza | Dus(double room single use) | Double room € 200,00 € 280,00 € 400,00 € 400,00 |
|---|-----------------------------|---|
| ***Hotel (E) Gran Duca di York (F) Hotel Augustus (H) Rio | Dus(double room single use) | Double room<br>€ 198,00<br>€ 136,00<br>€ 120,00 |

Prices are per room, per night, breakfast and taxes included and could be subject to change.

Before booking, please, contact the Organizing Secretariat for room availability.

Bookings will be considered valid only if filled in with the **total amount** of the nights, the reservation fee and a credit card number as guarantee.

In the case of cancellation, there will be no refund.

| 0            | Credit card              | □ VISA         | ☐ MASTERCARD  | ☐ EUROCARD |   |                        |   |
|--------------|--------------------------|----------------|---|------------|---|------------------------|---|
|              | N°.                      |                |   | Exp.       |   |                        |   |
|              | Addressed to             |                |   |            |   |                        |   |
|              | Date                     |                | Signature   |            |   |                        |   |
| <u>Tota</u>  | al amount for            | payment:       |   |            |   |                        |   |
|              | stration<br>e of room: N | Single N.      | Dus N Doub  | le         | € |                        |   |
| In           | May 2009                 | Out May        | 2009 (n nig   | jhts)      | € |                        |   |
| Hote         | el( <i>i</i>             | A, B, C, etc.) | - second choice: hotel  |            |   |                        |   |
| Rese         | ervation fee             |                |   |            | € | 16,00                  |   |
| Total amount |                          |                |   | €          | € |                        |   |
| I au         | thorise the use of       |                | in compliance with the Italia<br>r to receive informative and |            |   | cional purposes and in | 1 |
| Date         |                          |                | Signature   |            |   |                        |   |