

VII EULAR SCIENTIFICALLY ENDORSED COURSE ON SYSTEMIC LUPUS ERYTHEMATOSUS

Pisa, Italy – May 3-8, 2015

REGISTRATION FORM

Name of the participant \_\_\_\_\_

Country \_\_\_\_\_ - e-mail address: \_\_\_\_\_

INVOICE DETAILS

Name of Person or Institution \_\_\_\_\_

Address \_\_\_\_\_

City and Country \_\_\_\_\_

VAT Number \_\_\_\_\_

REGISTRATION FEES

Fees per person include registration, all educational material and full board.

Preferred accommodation	<input type="checkbox"/> Double room (shared with another participant) € 1.100,00
	<input type="checkbox"/> Single room € 1.250,00

PAYMENT

- BANK DRAFT on the following bank:**

Bank name: Banca CR Firenze

Bank address: Corso Italia 2, 56125 Pisa, Italy

Account name: Clinical and Experimental Rheumatology

IBAN code: IT48 I061 6014 0000 3126 3080 187

BIC: CRFIIT3F

Clearly indicate on the bank draft: SLE 2015 and NAME of the participant.

- CREDIT CARD**                       Visa                       Mastercard                       American Express

Card Holder \_\_\_\_\_

Credit card no \_\_\_\_\_ CVV no \_\_\_\_\_

Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

Please send the Registration Form by fax (+39050502299) or e-mail ([meetings@clinexprheumatol.org](mailto:meetings@clinexprheumatol.org)) to the Organizing Secretariat

Date. .... Signature .....