

MEETING

PIONEERS IN INFECTIOUS AGENTS AND CANCER



Prof. Robert C. Gallo, M.D.

Naples, March 22 - 23, 2017 • *Royal Continental Hotel*

Please return this form to: **G.P. Pubbliche Relazioni s.r.l.**
by E-mail: info@gpcongress.com
or by Fax: +39 081 404036

SOCIAL EVENTS REGISTRATION FORM

Surname		First name	
Institution/Company			
Department			
Country	City	Zip Code	
Street/P.O. Box			
Phone	Fax	Email	

• Opening Ceremony - March 22nd	€ 65,00 (VAT included)	N.	<input type="checkbox"/>
• Award Banquet - March 23rd	€ 65,00 (VAT included)	N.	<input type="checkbox"/>
TOTAL AMOUNT			€ <input type="text"/>
• Vegetarian meals requested		yes	<input type="checkbox"/>

PAYMENT PROCEDURE

Bank transfer to: **G.P. Pubbliche Relazioni s.r.l.**
Banca Nazionale del Lavoro - Agenzia n.7 - Piazza dei Martiri, 23/b - 80121 Napoli (Italy)

- For Italian and International transfers:
IBAN: **IT89 1010 0503 4070 0000 0007 969**
SWIFT BIC: **BNLIITRR**

Please make sure that the name of participant(s) is stated on the transfer slip (if the payment is being made for more than one person, please make sure all names are indicated).

Bank charges are the responsibility of the payer and should be paid at source in addition to the registration fee.

It is mandatory to send a copy of the bank transfer together with this form by fax (+39 081 404036) to G.P. Pubbliche Relazioni s.r.l.

Credit Card

VISA

MASTERCARD

Card number _____

Release date _____

Expiration date _____

Name of the cardholder _____

FULL DETAILS FOR PAYMENT RECEIPT:

Name _____

Address _____

Zip Code _____

Town _____

Country _____

VAT number or Fiscal Code (for Italian participants) _____

Date _____

Signature _____
