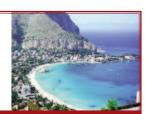


## th International Palermo Conference on: Innovative Therapies for Lymphoid Malignancies

Palermo November 10<sup>th</sup> - 12<sup>th</sup>, 2016



## REGISTRATION FORM

LAST NAME	PAYMENT
FIRST NAME	TOTAL AMOUNT DUE €
NATIONAL INSURANCE NUMBER/ FISCAL CODE	<ul> <li>Please note that only a limited number of registrations will be accepted.</li> <li>Cancellations must be received in writing not later than August 31<sup>th</sup>, 2016, otherwise no refund will be provided. Registration forms without prepayment cannot be processed</li> </ul>
	Registration fee may be paid by the following Credit Card:
DOB AND PLACE	MASTERCARD / EUROCARD VISA
ACADEMIC TITLE	CARD NUMBER:
Institution	
DEPARTMENT	EXPIRE TIME / Cvc cvc
Address	CARD HOLDER SIGNATURE  Payment by Bank Swift to:
ZIPCITY	APP Srl - Banca Credito Siciliano Iban: IT66H0301904600000002132013
	Bic Swift: RSANIT3P  INVOICE INFORMATION:
STATE/COUNTRY	Name or Institution or Company
PHONE NUMBERS	Address
MOBILE	ZipCity  Vat code or Fiscal Code
E-MAIL	send by email to: congressi@appservizi.com
REGISTRATION	ORGANIZING SECRETARIAT
i de la companya de	ADD C 11 1/2 T 0 004 (4 D ) (9 1 )

- 450,00\* euros by July 31th, 2016
- 500,00\* euros after July 31th, 2016
- 350,00\* euros (Post Doctorial fellows younger than 35 years old)

\* + VAT 22%

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**APP Servizi** - Via Tevere 9 - 90144 Palermo (Italy) Email: congressi@appservizi.com

Phone: +39 348 090 7892

LAW NO 675/96 ART 10

We hereby inform you that all your personal information will be used only by APP SERVIZI to enrole your name to the above mentioned meeting according to law no. 675/art.10