

REGISTRATION FORM

Please fill in this form and send it by fax, mail or e-mail *no later than April* 5th, 2009: Adria Congrex Via Sassonia, 30 - 47900 Rimini - Italy Tel. +39 0541 305833 Fax. +39 0541 305842 E-mail booking@mcmweb.it

Family name		First Name	
Working details	Hos	pital	
Address	Zip code	City	Country
Phone	Fax	E-mail	
Invoice address (with VAT c	ode – for EU countries)		
Only for Italian delegates	- Per l'attribuzione dei crediti ECM si pro	ega di specificare:	
Professione	Disciplina		
Codice Fiscale			
Cellulare	E-ma	ail	
Via (domicilio)	САР	Città	Prov

REGISTRATION FEES (VAT 20% included)

All fees are requested in Euro

Congress Registration fees

Registration rees	
Delegate	Euro 520,00
Accompanying person	Euro 300,00

The delegate registration fee includes:

Attendance at all scientific sessions including luncheon panels (limited to seat availability), entrance to the exhibition area, meeting proceedings, attendance certificate, CME certificate (for the Italian participants), badge and congress kit, welcome cocktail buffet and coffee breaks at the Venue.

The accompanying person registration fee includes:

Entrance to the exhibition area, welcome cocktail buffet and half day excursion.

Courses Registration fees	
BLS-D Course	Euro 240,00
ADVANCED ECHO Course	Euro 336,00
CRITICAL CARE IN CARDIOLOGY	Euro 360,00

Basic Life Support - Defibrillation Course

The registration fee includes: participation to the Course entrance to the exhibition area, BLS-D license, CME certificate (for the Italian participants), coffee breaks and light lunch taken at the Venue. *Maximum 36 participants* (12 per day) assigned on first come first served basis, after the full payment of the charge with date and timetables to be respected.

ADVANCED ECHO Course

Echocardiographic Assessment of Heart Failure Patients – Pros and cons new and old echo techniques

The registration fee includes: participation in one day theoretical/practical course with practical training based on real clinical cases. The course foresees individual stations to perform echocolordoppler, TDI and 3D practice in a model simulating a patient with heart failure and CRT. It also includes: personal handbook of the course, utilized materials, technical and scientific assistance by an individual tutor, free practice on a last generation cardiac ultrasound scanner, entrance to the exhibition area, attendance certificate, CME certificate (for the Italian participants), badge and congress kit.

Maximum 60 participants (20 per day) assigned on first come first served basis, after the full payment of the charge with date and timetables to be respected.

CRITICAL CARE IN CARDIOLOGY

From Simulation to Reality

The registration fee includes: participation at one day theoretical/practical course with live practice on a last generation manikin (Advanced Life Support Simulator) for the realistic and interactive training in a simulation of a wide choice of medical emergencies so to improve physician ability in the advanced management of critical cardiac events. The Course is provided with the highest technology and the simulator patients able to react to clinical interventions: he answers to the control of the tutor and he is programmed with different sceneries (Acute Atrial Fibrillation, Ventricular Arrhythmias, Sudden Death, Acute Heart Failure, etc.) for a clinical practice and live individual management addressed to the patient diagnosis and treatment. Through the spontaneous

respiration, the control of the breath, the voice, the sounds, ECG and a lot of other clinical parameters, this manikin is the most functional patient simulator to learn the right assistance to the cardiac emergencies.

It also includes: learning group time, individual practice on patient simulator, dual practice on patient simulator, utilized materials, surgery and emergency kit and drugs, technical and scientific assistance by an individual tutor, entrance to the exhibition area, light lunch, attendance certificate, CME certificate, badge and congress kit.

Maximum 45 participants (15 per day) assigned on first come first served basis, after the full payment of the charge with date and timetables to be respected.

GALA FACULTY DINNER

The gala faculty dinner will be held on April 27th, 2009. The cost is € 120,00, Vat included.

In order to register it is necessary to fill in the registration form and sent it to Adria Congrex with the full payment.

AFTER APRIL 5TH 2009 REGISTRATIONS CAN BE MADE ON SITE

CANCELLATION POLICY

Any cancellation should be notified in writing to the Organizing Secretariat and will be subject to the following conditions: Before December 31st, 2008: Refund of registration and gala dinner, less a 30% administrative charge. After January 1st , 2009: No refund of any kind.

All refunds, if any, will be done after the congress **(all costs to receiver's charge)**. No refund in any case will be made for BLS-D, ADVANCED ECHO and CRITICAL CARE IN CARDIOLOGY Courses registrations.

Resume Delegate		Nr	_x€	_=€
BLS-D Course	day	Nr	_x€	_=€
ADVANCED ECHO Course	day	Nr	_x€	_=€
CRITICAL CARE IN CARDIOLOGY	day	Nr	_x€	_=€
Accompanying person		Nr	_x€	_=€
Gala Faculty Dinner		Nr	_ x € 120,00	=€
			GRAND TOTAL	_=€

PAYMENT CONDITIONS

Accepted payments are: cheque written on Italian Banks, credit cards, Bank transfer in Euro (made out to Adria Congrex Carim Bank Branch no. 14 IBAN code IT18N0628524214CC0142118559 - swift code CRRN IT 2R) All costs to transmitter's charge. Please indicate clearly your name, address and MCM 2009 code 2480907RERI on cheques and money orders. Registration and gala faculty dinner will be confirmed only on receipt of the due amount. Adria Congrex will provide regular invoice for registration fee(s) and gala faculty dinner.

The form should be fully completed with the European VAT code (only for EU countries) and the invoice address.

DAVMENT METHODS

□ I enclose a bank chequ	e made out to Ad	dria Congrex of \in		
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			•	
Credit card: VISA	🖵 Carta Sí	Mastercard	American Express	Diner's
Card number		Card	holder	
Date of birth		Expiration date	Τ	ōtal amount
Date			Card holder signatur	e
Please, send a copy of th it will be charged on it th	e credit card (fro e registration fe	ont and back) and of e(s) and the Gala Fac	your identity card (front a culty Dinner (if requested).	nd back). In case of payment by credit card,
Date			Participant signature	
tools. The data collected will be pro travel agencies, airline and shippir surname, address, profession, fisc standard invoices and for CME reg The above mentioned data (e-mail Although refusal to provide author	to the present module ocessed only by appoin g companies, affiliated al code, VAT number, stration. address and fax numb sation to send commu	is collected for purposes con ted personnel (marketing, ad professional bodies, banks, place and date of birth, telep er) may also be used to infor inication linked to our activiti	Iministration and secretariat employe the Ministry of Health for CME purp hone and e-mail) is compulsory in c m you of our future events providing	and will be processed using both electronic and non-electronic ees). The data may be communicated to professionals, hotels, poses and any other sponsors. Providing data (such as name, order to make hotel bookings, register for the congress, issue that you authorise us to do so by ticking the appropriate box of for the congress, we will not be able to contact you to inform ni.

We would like to remind you that your rights are recognised by article 7 of Legislative Decree nr. 196 dated 30th June 2003, in particular the right to access your personal data, request its modification, updating and cancellation if incomplete, incorrect or collected in breach of the law, as well as, object to its processing for legitimate reasons, by addressing your requests to the data controller at the following address info@mcmweb.it

I authorise for my personal data to be processed to inform me of similar initiatives or consultancy services provided by the data controllers.	🗅 YES	🗆 NO
I would like to receive information by e-mail or fax.	🖵 YES	🗆 NO



HOTEL RESERVATION FORM

Please fill in this form and send it by fax, mail or e-mail no later than February, 28th 2009: Adria Congrex Via Sassonia, 30 - 47900 Rimini - Ītaly Tel. +39 0541 305833 Fax. +39 0541 305842 E-mail booking@mcmweb.it

Family name		First Name	
Address		Zip code City	Country
Phone	Fax	E-mail	

As Giardini (Taormina) is a world-wide famous tourist resort, and April is the opening holiday season, it is highly recommended to book well in advance, in any case no later than February 28th, 2009. Adria Congrex will make every effort to place you in the hotel category of your choice. A confirmation will be sent from March 2009.

Please note that hotel categories and rooms are assigned on a first come first served basis.

HOTEL RESERVATION

Hotel reservation can be made by:

- Paying a deposit for one night accommodation. The deposit paid will be deducted from the hotel bill. The balance will be paid directly at check out. The hotel will provide official receipt for the whole sum.
- Sending your credit card details to be used as a guarantee. The total amount will be paid at check-out.

Rates and deposit	Category	Double room	Double room as single use	Deposit
•	Five Stars	€ 275,00/€ 368,00	€ 332,00/€ 441,00	€ 441,00
	Four stars	€ 75,00/€ 215,00	€ 99,00/€ 260,00	€ 260,00
	Three stars	€ 68,00/€ 105,00	€ 86,00/€ 156,00	€ 156,00

All prices are per room per night and include: taxes, service and continental breakfast.

CANCELLATION POLICY

Any cancellation should be notified in writing to Adria Congrex and the hotel deposit will be not refunded.

Please Reserve

Category_____ No.__ double room as single use (s) No.___ double room (s) No.___twin bed room (s)

Check in date____/04/09 Check out date____/04/09 Bed & Breakfast accommodation Hotel deposit €_

PAYMENT CONDITIONS

Accepted payments are: cheque written on Italian Banks, credit cards, bank transfer in Euro (made out to Adria Congrex Carim Bank Branch no. 14 IBAN code IT18N0628524214CC0142118559 - swift code CRRN IT 2R). All costs are to transmitter's charge. Please indicate clearly your name, address and MCM 2009 code 2480907RERI on cheques and money orders.

□ I enclose a bank cheque	e made out to Ad	dria Congrex of \in		
□ I enclose a copy of the	bank transfer m	nade out to Adria Cor	ngrex of €	
🖵 Credit card: 🖵 VISA	🖵 Carta Sí	Mastercard	🖵 American Express	🗅 Diner's
Card number		Carc	holder	
Date			Card holder signature	
credit card the total amou	int for the reserv cancellation or l	ed period. Therefore, no show the total am	I authorize Adria Congrex t ount for the reserved period.	osen hotel will charge to the above mentioned o transmit to the chosen hotel my credit card
Information on article 13 Legislative The personal data acquired thanks tools. The data collected will be pro travel agencies, airline and shippin surname, address, profession, fisc standard invoices and for CME regi us to do so by ticking the appropriz we will not be able to contact you to We would like to remind you that yo	Decree nr. 196 dated to the present module cessed only by appoir g companies, affiliate al code, VAT number, stration. The above mute box. Although refus inform you of any fut but rights are recognis	30.06.2003 is collected for purposes cor ited personnel (marketing, ar d professional bodies, banks place and date of birth, teleg entioned data (e-mail addres sal to provide authorisation t ure events. The data controllk ed by article 7 of Legislative I correct or collected in breach	inected to execution of the congress a dministration and secretariat employe the Ministry of Health for CME purp shone and e-mail) is compulsory in o s and fax number) may also be used t o send communication linked to our er is "Adria Congrex SrI" with head offi Decree nr. 196 dated 30th June 2003, i	and will be processed using both electronic and non-electronic tes). The data may be communicated to professionals, hotels, poses and any other sponsors. Providing data (such as name, rder to make hotel bookings, register for the congress, issue o inform you of our future events providing that you authorise activities will not prejudice your registration for the congress, ices at 3, Parco Federico Fellini, 47900, Rimini. in particular the right to access your personal data, request its cessing for legitimate reasons, by addressing your requests to

I authorise for my personal data to be processed to inform me of similar initiatives or consultancy services provided by the data controllers.	🖵 YES	🗆 NO
I would like to receive information by e-mail or fax.	🖵 YES	🗆 NO

Participant signature_