



REGISTRATION FORM RESERVED TO PHYSICIANS WORKING IN LDC (Least Developed Countries) listed below

NOTICE:

EUROSON CONGRESS 2024 organization encourages the participation of physicians working in LDC (see list below) by applying the early-bird fees (by June 15), regardless date deadlines and Efsumb affiliation.

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|----------------------------------|--------------------------------|---------------------------------|
| 1. Afghanistan | 16. Guinea | 31. Rwanda |
| 2. Angola | 17. Guinea | 32. Sao Tome and Principe |
| 3. Bangladesh | 18. Haiti | 33. Senegal |
| 4. Benin | 19. Kiribati | 34. Sierra Leone |
| 5. Burkina Faso | 20. Lao People's Dem. Republic | 35. Solomon Islands |
| 6. Burundi | 21. Lesotho | 36. Somalia |
| 7. Cambodia | 22. Liberia | 37. South Sudan |
| 8. Central African Republic | 23. Madagascar | 38. Sudan |
| 9. Chad | 24. Malawi | 39. Timor-Leste |
| 10. Comoros | 25. Mali | 40. Togo |
| 11. Democratic Rep. of the Congo | 26. Mauritania | 41. Tuvalu |
| 12. Djibouti | 27. Mozambique | 42. Uganda |
| 13. Eritrea | 28. Myanmar | 43. United Republic of Tanzania |
| 14. Ethiopia | 29. Nepal | 44. Yemen |
| 15. Gambia | 30. Niger | 45. Zambia |

Dr/Prof Surname Name

Place and date of birth EFSUMB MEMBER

Fiscal code

Affiliation (Hospital, University, Clinic, etc.)

Private address City Country Country code

Telephone Mobile

Email PEC

Food intolerances

Requested EACCME credits YES NO

EUROSON CONGRESS | REGISTRATION FEES

NOTICE:

- All fees are VAT 22% included and based on early-bird quote, regardless date deadlines and EfsUMB affiliation.
- All scheduled events are EACCME accredited.
- No simultaneous translation will be provided.
- Registration deadline: by October 15. After this date no registration will be accepted.

EUROSON CONGRESS 9 | 11 november

NO MEMBERSHIP IS REQUIRED

	BY 15 th JUNE under 35 years	over 35 years
ONLY CONGRESS full period	150,00 €	180,00 €
CONGRESS + n.1 ONE-DAY COURSE	190,00 €	240,00 €
CONGRESS + n.1 TWO-DAY COURSE	240,00 €	290,00 €

ADVANCED COURSES

NO MEMBERSHIP IS REQUIRED

	BY 15 th JUNE under 35 years	over 35 years
ONE- DAY COURSES The cost refers to each Course Nephrology-Endocrinology-Lyceum	120,00 €	150,00 €
TWO - DAY COURSES The cost refers to each Course Vascular-CEUS-Musculoskeletal	170,00 €	200,00 €

HOTEL BOOKING (not mandatory)

In case the participant is willing to book hotel accommodation, please refer to the Hotels list available in Euroson 2024 website.

HOTEL NAME (write your choice among those listed in Euroson 2024 website)

DUS

DOUBLE

<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
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Room type: DUS DOUBLE TWIN

Arrival date <input type="text"/>	Departure date <input type="text"/>	Nights <input type="text"/>
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TOURIST TAX

This tax is €4,50/per day/per person and is not included in Hotel fee. It must be paid at the hotel at departure.

CANCELLATION POLICY

Registration Fees

For Congress and Course registration fees, if cancelled by September 30th, a refund of 70% will be granted. After this date no refund will be provided. Cancellations must be sent in writing to the Organizing Secretariat; refunds will be made after the conclusion of the Congress.

Hotel Accommodation

For cancellations of hotel reservations received by June 30th, the entire amount paid will be refunded; after this date there will be no refund. It should also be noted that in case of cancellations received after June 30th or in case of a no-show, the Hotel has the right to charge the customer with the amount for the entire stay. Cancellations must be sent in writing to the Organizing Secretariat; refunds will be made after the conclusion of the Congress.

SUMMARY

Indicate below the event(s) you register to and the relevant fee(s)

<input type="checkbox"/>	€ <input type="text"/>
<input type="checkbox"/>	€ <input type="text"/>
<input type="checkbox"/> HOTEL BOOKING	€ <input type="text"/>
TOTAL	€ <input type="text"/>

PAYMENT METHODS

Bank Transfer in favour of:

FONDAZIONE S.I.U.M.B. - c/o Banca Sella ag.13 Roma - V. dei Gracchi, 142 - c/c 052521672960

CAB 03213 - ABI 03268 - CIN P - IBAN IT33P0326803213052521672960 - BIC (SWIFT CODE) SELBIT2BXXX

Credit Card: Master Card Visa (no American Express)

Card number expiring date (mm/aa)

CVV2 (3 last digits on the card back front)

Name of Card Owner Signature Date

INVOICE MUST BE HEADED TO:

(Mandatory field, registrations without fiscal details will not be accepted)

Name of invoice header

Fiscal address City Country Country code

Fiscal code VAT n°

Email PEC

Not having VAT number

Modifications or VAT refunds for invoices already issued will not be accepted.

I authorize SIUMB FOUNDATION to include my data in its lists, for the processing of the same for dissemination and/or scientific purposes. At any time, pursuant to art. 13 of Legislative Decree n196 of 30/06/2003, I may have access to my data, ask for its modification or cancellation or oppose its use free of charge.

Date Signature