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| --- | --- |
| **Personal Data** | |
| Affiliation | |
| Title and name | |
| Address | |
|  | |
| Zip code | Country |
| E-mail address | |

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| **Hotel Reservation** |
| Check in: October ……………, 2022 |
| Check out: October ……………, 2022 |
| Special dietary requirements : |
| Concerning **extra nights** (that are for the participant’s own expense), and related additional costs, please see the appropriate **form**. Please complete it and send it together with the registration form.  For more information, please contact directly the Grand Hotel Riviera by email: [info@hotelriviera.com](mailto:info@hotelriviera.com) |

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| **Travel details** |
| Arrival by: flight |\_| train |\_| other |\_| *please specify* |
| Need of transfer from Naples to Sorrento. YES |\_| NO |\_| |
|  |

**Registration fee is € 650,00** - including hotel accommodation, meals from October 19 to October 22, 2022 and education materials. Please note that a tourist-tax (€ 3.00 per person per day, not included in the fee) has to be paid by the customer, along with any extra, upon departure.

This Paediatric Course is supported by the European Hematology Association with an unrestricted educational grant.

**REGISTRATION DEADLINE : September 4, 2022**

**Please return this form, together with a copy of the bank transfer or of the credit card (and a copy of an identity document), to the organizers at your earliest convenience**

**by fax: +39 039 233.6827 or e-mail:** [**cmanganini@fondazionembbm.it**](mailto:cmanganini@fondazionembbm.it)

**PAYMENT REGISTRATION FEE**

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| --- |
| **Bank transfer |\_|** |
| Bank name : Deutsche Bank – Piazza Angelina Lauro – Sorrento |
| Account name : Maria ImmacolataFortini Srl – Grand Hotel Riviera |
| Account number : 000000100532 |
| IBAN code : IT28 K031 0440 2690 0000 0100532 |
| Swift code : DEUTITMMSOR |

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| --- |
| **Credit card |\_|** |
| American Express |\_| Visa |\_| Master Card |\_| |
| Number |
| CVC code |\_|\_|\_| (last 3 numbers on the back of the CC) Expiration date (month/year) |\_|\_|/|\_|\_| |
| Cardholder’s name |
| Signature |
| **CREDIT CARD PAYMENT AUTHORIZATION : I hereby authorize to charge to the reported credit card the payment fee of 650,00 euro |\_|** |
| **If paying by credit card, the Hotel requires also a copy of the card holder's document.** |

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| **I need an invoice for the registration fee of 650,00 Euro YES |\_| NO |\_|** |
| Full header |
|  |
| VAT number |
| Tax ID |

**Important: any transaction fee made by the bank must be paid by the sender. Hotel Riviera must receive the complete amount.**

**Cancellation policies: Deposit refund for cancellation until 1st October 2022. No refund will be given after 1st October 2022. Only written cancellation by fax or email will be accepted.**