



EORS 2016 BOLOGNA

EUROPEAN ORTHOPAEDIC RESEARCH SOCIETY
24th ANNUAL MEETING
14-16 SEPTEMBER 2016
ISTITUTO ORTOPEDICO RIZZOLI

REGISTRATION FORM

Please return this form to the Congress Organizing Secretariat
OIC srl - Viale G. Matteotti 7, 50121 Florence, Italy - by **5 September 2016**
Phone +39 (055) 50351, fax +39 (055) 5035230, e-mail: registratoneors2016@oic.it

PERSONAL INFORMATION

PROF. DR. MR. MRS.

MALE FEMALE

LAST NAME _____ FIRST NAME _____

INSTITUTION _____

E-MAIL (Office) _____

ADDRESS _____

ZIP CODE _____ CITY _____

COUNTRY _____ E-MAIL (Personal) _____

PHONE _____ FAX _____

FISCAL CODE (Italian participants only) _____

DATE AND COUNTRY OF BIRTH (mandatory for foreign participants) _____

BILLING ADDRESS (if different from personal information)

(address, zip code, city, country)

FISCAL LICENCE / VAT CODE (MANDATORY FOR COMPANIES) _____

I ACCEPT TO RECEIVE THE INVOICE: E-MAIL -OR- HARD COPY

REGISTRATIONS

The latest date for pre-registration is **5 September 2016**. After this date, please register on site.

REGISTRATION FEES	Early registration by 17 July 2016	Late registration from 18 July by August 24 2016	From 25 August 2016 and on-site registration
Senior Investigator Non-member	€ 530,00	€ 610,00	€ 650,00
Senior Investigator EORS member	€ 430,00	€ 540,00	€ 610,00
Young Investigator* Non-member	€ 280,00	€ 290,00	€ 300,00
Young Investigator* EORS member	€ 230,00	€ 240,00	€ 260,00
Parallel Educational Workshop <input type="checkbox"/> W1 Preclinical models of skeletal pathophysiology <input type="checkbox"/> W2 Tools for musculoskeletal functional assessment <input type="checkbox"/> W3 3D printing	€ 30,00	€ 30,00	€ 30,00
EORS Roadmap Conference - 17 September 2016	FREE OF CHARGE - LIMITED AVAILABILITY		
Accompanying Guest / Spouse**	€ 60,00	€ 70,00	€ 75,00
Social Dinner (15 September 2016)	€ 55,00 per person		
Young Investigator event	€ 25,00 per person		
Optional Participants' Tour (Revealing Bologna 17 September afternoon)	€ 20,00 per person		

* Undergraduate and postgraduate students, PhD students, residents. Copy of valid student ID or letter from Head of Department required.

** Accompanying person fee includes participation in the Opening Ceremony, Welcome Reception, one half day tour.

ESB (Biomechanics) members can contact the Organizing Secretariat (registratoneors2016@oic.it) for special fees.



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Surname _____ Name _____

HOTEL ACCOMODATION

HOTEL	TYPE OF ROOM	COST PER ROOM PER NIGHT	NIGHTS	TOTAL PAYMENT
Art Hotel Novecento****	DUS <input type="checkbox"/>	€ 160,00	_____	_____
	DWB <input type="checkbox"/>	€ 190,00		
	SWB <input type="checkbox"/>	€ 114,00		
Royal Carlton****	DUS <input type="checkbox"/>	€ 180,00	_____	_____
	DWB <input type="checkbox"/>	€ 210,00		
Starhotel Excelsior****	DUS <input type="checkbox"/>	€ 150,00	_____	_____
	DWB <input type="checkbox"/>	€ 170,00		
Hotel Metropolitan***	DUS <input type="checkbox"/>	€ 110,00	_____	_____
Hotel Orologio***	DUS <input type="checkbox"/>	€ 140,00	_____	_____
	SWB <input type="checkbox"/>	€ 170,00		

Nr. Single/Double room(s)
for single use

Nr. Double room(s)

Date of arrival _____ Date of departure _____

Special requests _____

Number of single rooms is limited, double rooms for single use will be assigned.

For information about Hostels and Student Residences please contact the Organizing Secretariat

I would like to register in the EORS ROADMAP CONFERENCE - 17 September 2016
(registration will be confirmed upon availability)

SUMMARY

I herewith enclose the following amounts:

Registration Fee	€ _____
Parallel Educational Workshop	€ _____
Accompanying Guest	€ _____
Social Dinner	€ _____
Young Investigator event	€ _____
Optional Participants' Tour	€ _____
Hotel Reservation	€ _____

TOTAL TO BE PAID € _____

Surname _____ Name _____



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PAYMENT

Please charge the following credit card:

VISA

MASTERCARD

AMERICAN EXPRESS

Card no. _____ Expiry date _____

Security code (AMERICAN EXPRESS only) _____

Security code (last 3 digits on the back of the card, VISA and MASTERCARD only) _____

Cardholder's name _____

Overall amount (total) to be charged in EUR (€) _____

I hereby authorise the use of my credit card for the purposes specified above.

Date _____

Signature _____

Payment by bank transfer:

Account name: OIC srl

Bank: Cassa di Risparmio di Firenze, Ag. 1, Viale Matteotti 20r, 50132 Florence, Italy

IBAN Code: IT39 S061 6002 8010 0001 0628 C00 - SWIFT Code: CRFiiT3F

No charges to the recipient.

A copy of the bank transaction has to be sent together with the registration form to OIC Srl by fax or e-mail.

The sender's full name and address must be clearly stated in the transfer order as well as the payment purposes.

IMPORTANT NOTICE

Registrations can be considered valid only after receipt of the payment.

Forms without proof of payment will not be processed.

DECLARATION - Your signature is mandatory in order to process your registration!

According to the art. 13 D. Lgs. 196/2003, OIC srl is authorised to use my personal data for purposes connected to Congress management. I also confirm that I have understood the cancellation, payment and refund policy for individual registration as well as the hotel reservation terms and conditions specified in the announcement.

Date _____

Signature _____