

THE 3RD INTERNATIONAL CANCER SCIENCE CONGRESS

REGISTRATION FORM

To be sent to: info@sardiniacocs.it chiara.lualdi@uniupo.it along with **Bank receipt**

SURNAME:					
NAME:					
AFFILIATION:					
INVOICE ADDRESS:					
COUNTRY:					
PHONE:	E- MAIL:				
VAT/FISCAL ID/CF:					
HOTEL RESERVATION (Villa Si	gnorini or Hotel Her	culaneum): n°			
CHECK-IN (dd/mm/yy):	CHECK-OUT (dd/mm/yy):				
	EARLY RATE DISCOUNTED* (by May 1st)	EARLY RATE (by May 15)	REGULAR RATE (by July 15)	LATE RATE (from July 16 th)	
SPEAKER (academic/non-profit)	600	650	750	900	
PhD and YOUNG RESEARCHER (<35 years)	-	450	500	550	
DELEGATE	-	350	400	450	
ACCOMPANYING	-	250	300	350	
CORPORATE/INDUSTRY			1000	1200	
RATE BY DAY Speaker Accompanying			250 100	300 120	
Registration fee includes coffee Excursion to Reggia di Portici. Tax: Prices include 22% Italian VA * This rate applies to participants PAYMENT BY BANK TRANSE	T s who have attended p	previous ICSC m	ial dinner, Gala D neetings		
DATE	SIGNATURE				



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Bank Located In Italy

RAGIONE SOCIALE/LEGAL SUPPLIER	SARDINIA COCS SRL
PI FORNITORE/TAX NUMBER	02486510924
CF FORNITORE	02486510924
NOME DELLA BANCA/BANK NAME	Intesa San Paolo
INDIRIZZO DELLA BANCA/BANK ADDRESS	V.le Bonaria Palazzo CIS - CAGLIARI
CODICE SWIFT/SWIFT CODE	BCITITMM
ABI	04852
CAB	03069
CIN	X
CONTO CORRENTE/ACCOUNT NUMBER	000038742156
IBAN NUMBER	IT08X0306904852000038742156

Any bank charges by local or intermediate bank must be borne by the remitter. Any shortfall in the amount must be compensated in cash on site.

Clearly indicate the name of the participant(s) and Congress registration number on the remittance slip/reference text.

Cancellation policy 80% refund if notified before July 15^{th} ; 50% refund if notified before Sept 15^{th} ; no refund if notified after Sept 16^{th} .

PLEASE NOTE:

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