

# GLOMERULAR DISEASES AND TRANSPLANTATION: SIMILARITIES IN PATHOGENETICAL MECHANISMS AND IN TREATMENT APPROACHES

Florence May 24th - May 25th 2010

## REGISTRATION FORM

To be sent to the Organizing Segretariat:

UNIVERSALTURISMO div. GEO CONGRESS – Via Cavour 180/r – 50129 Firenze (Italy)

Fax: **+39.055 5522028** e-mail: [francesca.lastrucci@universalturismo.com](mailto:francesca.lastrucci@universalturismo.com)

Family Name \_\_\_\_\_ First name \_\_\_\_\_ Title \_\_\_\_\_

Institute \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

### REGISTRATION FEES:

Before April 1st, 2010  180,00 (vat 20% included)

After April 2nd, 2010  240,00 (vat 20% included)

The registration fee includes:

Attendance tot he scientific sessions, certificate of attendance, congress materials and coffee breaks

### TERMS OF PAYMENT:

Payments to Universalturismo Spa should be sent together with this registration form.

**Bank transfer** to Universalturismo Spa – CASSA DI RISPARMIO DI FIRENZE (Agenzia n. 1)  
Viale Matteotti 20/r – Florence

IBAN CODE: IT42H0616002801000020800C00 - SWIFT CODE: CRFI IT 3F

IMPORTANT: on the transfer order to your bank please specify your full name and that you will bear the charges of both your bank and the receiving bank

**Credit Card:**  Visa  Mastercard  American Express

Card no. \_\_\_\_\_ Expiry date \_\_\_\_\_

Cardholder's name \_\_\_\_\_

Cardholder's home address \_\_\_\_\_

Overall amount (total) to be charged in EUR () \_\_\_\_\_

Please head invoice to \_\_\_\_\_

Address \_\_\_\_\_

Cod. Fisc./P.Iva (only for italian attendees) \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**THIS REGISTRATION FORM WILL NOT BE CONSIDERED IF NOT ACCOMPANIED BY THE PAYMENT  
PURSUANT INFORMATION ON LAW 196/2003**

Pursuant to the provisions laid down under law 196/2003 on the protection of personally identifiable information.

We inform you that:

Data voluntarily submitted to us through forms or electronic mail shall be handled in conformity to legislative decree 196/2003 with automated or manual means by **Universalturismo Spa**, in its capacity as holder of the records, as well as by other subjects that the former may appoint to achieve the objectives declared prior to the collection of information. Such information will not be disclosed. The holder of the information handled is: **Universalturismo Spa**. I authorize the treatment and communication of my personal data as described above.

Date \_\_\_\_\_ Signature \_\_\_\_\_