

FOURTH EUROPEAN CONGRESS OF PHARMACEUTICAL SCIENCES

Milan, September 11-13, 1998

REGISTRATION FORM

Please return this form with the correct remittance to:
EUFEPS '98
FONDAZIONE GIOVANNI LORENZINI MEDICAL SCIENCE FOUNDATION
VIA A. APPIANI, 7 - 20121 MILAN (ITALY)

REGISTRATION FORM (only 1 participant or student per form)

Please type or use block letters Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐

FAMILY NAME _____

GIVEN NAME(S) _____

NAME OF INSTITUTION _____

STREET _____

TOWN _____

Country _____ Postal Code _____

Phone No. _____ Fax No. _____

E-Mail _____

I will be accompanied by No. _____ person(s)

	before July 15, 1998	after July 15, 1998
PARTICIPANT: Academic, University, Hospital	Lit. 750,000	Lit. 850,000
PARTICIPANT: Industry, Government	Lit. 850,000	Lit. 950,000
ACCOMPANYING PERSON	Lit. 150,000	Lit. 200,000
STUDENT (please enclose the official statement)	Lit. 300,000	Lit. 350,000

SOCIAL PROGRAMME FORM (Deadline: July 15, 1998)

Please fill in the Social Programme Form in order to guarantee your ticket reservation.

	SOCIAL EVENT	DATE	FEE	NUMBER OF PERSONS *
<i>PARTICIPANT + ACC. PERSON</i>	1. WELCOME RECEPTION	September 11	Complimentary	
<i>PARTICIPANT + ACC. PERSON</i>	2. CONCERT	September 12	Complimentary	
<i>ACC. PERSON ONLY</i>	3. GUIDED TOUR OF PAVIA AND THE CHARTER HOUSE	September 12	Complimentary	

*Please specify the names of any accompanying persons:

NAME _____

NAME _____

METHOD OF PAYMENT:

The payment of my registration has been made by:

☐ Bank cheque No. _____ of Bank _____
in favour of FONDAZIONE GIOVANNI LORENZINI

☐ Eurocheque No. _____ of Bank _____
in favour of FONDAZIONE GIOVANNI LORENZINI

☐ Credit card. Please charge my:
☐ American Express ☐ CartaSi ☐ Eurocard ☐ MasterCard ☐ Visa

Card No. _____ Card Expiry Date _____

Cardholder's name (as shown on the card) _____

Cardholder's home address _____

Cardholder's date of birth _____

Signature of the cardholder _____

Total amount _____

Date _____ Signature _____

FOR ITALIAN PARTICIPANTS ONLY (see special note on Registration page)

Fiscal Code _____ **IVA number** _____

Name and address corresponding to the IVA number _____
