



**International Congress  
of Osteopathic Medicine**  
*“Towards an integrated Medicine”*



**6/9 APRIL 2011**  
**FLORENCE - ITALY**  
Palazzo dei Congressi

**REGISTRATION FORM FOR ABSTRACT AUTHOR**

Please fill the form in and send it back to:

**NEWTOURS S.p.A. - Via Augusto Righi 8 – 50019 Sesto Fiorentino – Florence, Italy**  
**Telephone: +39 055 33611 / Fax: +39 055 3033895 - E-mail: info@osteopatia2011.it - Website: osteopatia2011.it**

Forms received without the appropriate remittance **WILL NOT CONSTITUTE** advanced registration.

SEX:                    M                     F

TITLE:    PROF.     DR.     MR.     MRS.     MISS.

FAMILY NAME ..... FIRST NAME .....

INSTITUTION .....

INSTITUTION ADDRESS .....

POSTAL CODE ..... CITY ..... COUNTRY .....

PHONE ..... FAX .....

E-MAIL .....

**INVOICE SHOULD BE ADDRESSED TO:**

Please indicate below the exact address to issue the invoice for the registration fee:

INSTITUTE/COMPANY (or name of the person).....

ADDRESS.....

POSTAL CODE ..... CITY ..... COUNTRY.....

FISCAL VAT NUMBER.....

**ACCOMPANYING PERSON(S)**

1. FAMILY NAME ..... FIRST NAME .....


2. FAMILY NAME ..... FIRST NAME .....

3. FAMILY NAME ..... FIRST NAME .....





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**REGISTRATION FEES**

*(Please select registration fee)*

**COST IN EURO, VAT 20% Included**

|  | <b>Up to<br/>25/02/2011</b>     |
|--|---------------------------------|
| <b>MEMBER<br/>CSdO/FEO/FORE</b>            | <input type="checkbox"/> 360,00 |
| <b>NON MEMBER</b>                          | <input type="checkbox"/> 480,00 |
| <b>STUDENTS</b>                            | <input type="checkbox"/> 180,00 |
| <b>ACCOMPANYING PERSON</b>                 | <input type="checkbox"/> 120,00 |
| <b>DOCTOR, SURGEON<br/>PHYSIOTHERAPIST</b> | <input type="checkbox"/> 360,00 |

(\*) the category **SURGEON** includes all affiliated disciplines recognized by the Health Ministry

*The Member registration fee will be applied to the following*

**CSdO (Consiglio Superiore di Osteopatia)** which includes:

AIMM (Associazione Italiana di Medicina Manuale)

AMOI (Associazione Medici Osteopati Italiani)

FeSIOs (Federazione Sindacale Italiana Osteopati)

ROI (Registro degli Osteopati d'Italia)

UPOI (Unione Professionale Osteopati d'Italia)

**F.E.O. (Federation of European Osteopathes)**

**F.O.R.E. (Forum for Osteopathic Regulation in Europe)**

**Registration fees include:**

*For participants*

Access to the scientific sessions, congress kit, working lunches of April 6,7 and 8.

*For accompanying persons*

Access to the congress areas (scientific sessions not included) and working lunches of April 6,7 and 8.





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**SUMMARY OF REGISTRATION COST**

|                                   |                   |
|-----------------------------------|-------------------|
| - Registration fee(s)             | Euro .....        |
| - Accompanying person reg. fee(s) | Euro .....        |
| <b>REGISTRATION TOTAL</b>         | <b>Euro</b> ..... |

**METHOD OF PAYMENT**

Registration forms not accompanied by payment will not be considered valid.  
Payments may be made by:

1.  **BANK TRANSFER:**

**NEWTOURS S.p.A.**

**BANCA SELLA** – Florence Branch 1

**IBAN code:** IT02V0326802802052891213090

**SWIFT code:** BIC SELBIT2BXXX

The name(s) of delegate registered and the congress (International Congress of Osteopathy) must be clearly indicated on the bank transfer document. Should the payment refer to more than one registration, all delegate names must be listed. You are kindly required to send a copy of the bank transfer via fax to the following number: **+39 055 3033895**.

2.  **CREDIT CARD – fill in to authorize debit on credit card the total cost of registration**

American Express     Visa     Eurocard (Mastercard)

Card holder's name (as shown on credit card) .....

Credit Card number ..... Expiry date .....

CVC (Card Verification Code – 3/4 numbers on back of card) .....

Signature of authorization .....

**CANCELLATION & REFUNDS** – ALL CANCELLATIONS MUST BE NOTIFIED IN WRITING TO THE ORGANIZING SECRETARIAT, NEWTOURS SPA.

Newtours will refund:

- 100% of the registration fee for cancellations postmarked before January 31, 2011
- No refund will be made for cancellations after this date.

**According to Italian law 196/2003, Newtours Spa is authorized to use personal data for purposes connected to the Congress Management.**

Yes, I agree

No, I don't agree (without authorization it will not be possible to finalize registration)

Signature ..... Date .....

