

**REGISTRATION FORM  
EFORT ExMEx Forum  
Bologna, Italy – 22-23 April 2010**



**Please send this form directly to:**

OIC srl – Professional Congress Organiser  
Viale Matteotti 7, 50121 Florence, Italy - **by 2 April, 2010**  
Phone +39 (055) 50351, fax +39 (055) 5035230, e-mail [Exmexbologna@efort.org](mailto:Exmexbologna@efort.org)  
or register online at [www.efort.org](http://www.efort.org) by 9 April 2010 at the latest!

**1. MAIN PERSONAL INFORMATION**

Please complete this form for ONE participant in block letters.

Prof.  Ass. Prof.  Dr.  Mr.  Mrs.  Ms.  male  female

Last name \_\_\_\_\_ First name \_\_\_\_\_

Institution \_\_\_\_\_ Department \_\_\_\_\_

Nationality \_\_\_\_\_

Category of registration  Congress participant

**1.1 CONTACT INFORMATION**

Institution category

Commercial firm  Healthcare network  Hospital  Self employed in own medical practice  
 Self employed in practice community  Private  University

Institution \_\_\_\_\_ Department \_\_\_\_\_

Address \_\_\_\_\_ Unit, suite, floor \_\_\_\_\_

Zip code \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_ E-mail (*mandatory*) \_\_\_\_\_

Telephone \_\_\_\_\_ Telefax \_\_\_\_\_

Fiscal / VAT code (if applicable) \_\_\_\_\_

**ROLE**

Administrator  Head of Department  Senior surgeon  Physiotherapist  
 Senior physician  Allied healthcare  Other \_\_\_\_\_

**QUALIFICATION**

Orthopaedic surgeon; more than 3 years of experience  Orthopaedic surgeon; less than 3 years of experience  
 Other \_\_\_\_\_

**CATEGORY**

Delegate  Industry  Press

**CATEGORY OF EMPLOYMENT**

Employed by a public hospital  Employed by a private clinic  Employed by a healthcare network  
 Employed by a university  Self employed in own medical practice  Self employed in practice community  
 Other: \_\_\_\_\_

**FIELD OF INTEREST (max 4 answers possible)**

<p><b>General Orthopaedics</b></p> <p><input type="checkbox"/> General orthopaedics, complications, basic science, technology <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Infection</p> <p><input type="checkbox"/> Pain control, rehabilitation and non-surgical management</p> <p><input type="checkbox"/> Bone and joint tumours <input type="checkbox"/> Sports, knee soft-tissue</p>	<p><b>Lower limb</b></p> <p><input type="checkbox"/> Hip</p> <p><input type="checkbox"/> Knee osseous</p> <p><input type="checkbox"/> Foot, ankle, leg</p>
<p><b>Polytrauma</b></p> <p><input type="checkbox"/> Polytrauma</p>	<p><b>Upper limb</b></p> <p><input type="checkbox"/> Shoulder, elbow, arm, forearm <input type="checkbox"/> Hand, wrist</p>
<p><b>Spine</b></p> <p><input type="checkbox"/> Spine (including trauma)</p>	<p><b>Paediatrics</b></p> <p><input type="checkbox"/> Paediatrics</p>

**1.2 MEMBERSHIP**

**Are you a member of:**

National society \_\_\_\_\_

European Specialty Society \_\_\_\_\_

Associate Scientific Member \_\_\_\_\_

## 2. CONGRESS REGISTRATION

The latest date for pre-registration is **2 April 2010**.

Registrations received after this date will not be considered and will have to be resubmitted on-site.

Fees (VAT included)	By 2 April 2010	After 2 April 2010 and ON-SITE
<input type="checkbox"/> Participant	€ 390	€ 420
<input type="checkbox"/> ESSKA Member	€ 350	€ 420
<input type="checkbox"/> Social Dinner on April 22	€50	€50
	Subtotal	€

## 3. HOTEL RESERVATION

Room reservations can only be processed once your first down-payment has been received. The congress secretariat will confirm the booking and hotel details, according your choice. Balance is required by 5 March 2010.

Hotel Category	Single Occupancy Min/max	Double Occupancy Min/max	Downpayment per room
<input type="checkbox"/> 4 stars	€ 140/155	€ 160/195	€ 195
<input type="checkbox"/> 3 stars	€ 79/110	€ 129/140	€ 140
	Subtotal	€	

Type of room requested

No. \_\_\_\_\_ double room(s)       No. \_\_\_\_\_ single/double room(s) for single use  
 Smoking room     Non-smoking room

Date of arrival \_\_\_\_\_ 2010      Date of departure \_\_\_\_\_ 2010  
Length of stay \_\_\_\_\_ nights      Arrival after 18 hrs  yes  no

Other requests \_\_\_\_\_  
(e.g. allergies, disability, vegetarian etc.)

## 4. PAYMENT

We accept the following credit cards:

VISA       MASTERCARD       AMERICAN EXPRESS

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

Security code (last 4 digits on the back of the card, AMERICAN EXPRESS only) \_\_\_\_\_

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

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

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

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

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

Address \_\_\_\_\_

I hereby authorise the use of my credit card for the purposes specified above and, in case of hotel reservation, to charge the remaining balance by 5 March 2010.

Date \_\_\_\_\_

Signature \_\_\_\_\_

### Payment by bank transfer:

Account name: OIC srl

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

Account number: 10628

IBAN: IT39 S061 6002 8010 0001 0628 C00

SWIFT: CRFIIT3F

### Check list

- No charges to the recipient
- The name of the participant and ExMEx Bologna 2010 appears on the bank transfer
- Copy of the bank transfer receipt is enclosed with the form

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

According to art. 10/Law 675/96, EFORT, and on its behalf OIC srl and OIC Way srl are 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 \_\_\_\_\_

Please send this form directly to:

**OIC srl – Professional Congress Organiser, Viale Matteotti 7, 50121 Florence, Italy - by 10 March, 2010.**  
Phone +39 (055) 50351, fax +39 (055) 5035230, e-mail [Exmexbologna@efort.org](mailto:Exmexbologna@efort.org)