

**INTERNATIONAL FORUM:
UPDATE IN DOUBLE BUNDLE ACL RECONSTRUCTION
May 29-30, 2009 - Marriott Convention Centre, Milan**

REGISTRATION FORM

*Please send this form **completely and clearly filled in (in capital letters)**
together with a copy of the payment to:*

KEYWORD Europa - Fax +39 02 54124871 - Tel. +39 02 54122513/79 E-mail: keyword2@mdsnet.it

Surname name _____

First name _____

Address _____ n° _____

Country _____ zip code _____

Tel. _____ Fax _____

C.Fiscale (for Italian Participants) _____

Hospital _____

Title _____

Discipline _____

Address _____ n° _____

Country _____ zip code _____

Tel. _____ Fax _____

E-mail _____

Payment by:

- Bank Swift (copy enclosed) to:

FROM ITALY: KEYWORD Europa srl-Monte dei Paschi di Siena-Ag. n.6 Milano
Cod. Iban IT 41 X 01030 0160600000848025

FROM ABROAD: KEYWORD Europa srl- Monte dei Paschi di Siena-Ag. n.6 Milano
account no. IT 41 X 01030 0160600000848025 BIC CODE PASC IT MM XXX

- Cheque n.
Bank
addressed and sent to: KEYWORD Europa srl - Via L. Mancini,n.3 - 20129 Milan (I)

- Credit card VISA MASTERCARD EUROCARD

N°. Exp. Addressed to.....

Invoice to:

Surname name _____

First name _____

Address _____

Country _____ zip code _____

C.Fiscale / P.Iva. (for Italian Participants) n. _____

I authorise the use of my personal data in compliance with the Italian Legislative Decree 196/03, for organizational purposes and in order to receive informative and commercial communications.

Date..... **Signature**.....

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Registration Fee (taxes included)

Specialists	€ 360,00
Specialists (SIGASCOT Members)	€ 300,00
Students	€ 120,00

Hotel accommodation (Reservation fee: € 16,00)

★★★★Hotel e sede congressuale <i>(A) Marriott</i>	DUS room € 174,00	Double room € 220,00
★★★★Hotel <i>(B) Rubens</i>	€ 120,00	€ 130,00
★★★Hotel <i>(C) Metrò</i>	€ 105,00	€ 140,00

Prices are per room, per night, breakfast and taxes included and could be subject to change.
Before booking, please, contact the Organizing Secretariat for room availability.
*Bookings will be considered valid only if filled in with the **total amount** of the nights, the reservation fee and a credit card number as guarantee.*
In the case of cancellation, there will be no refund.

Credit card VISA MASTERCARD EUROCARD

N°. Exp. /

Addressed to _____

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

Total amount for payment:

Registration	€
Type of room: N. Single N. Dus N. Double	
In May 2009 Out May 2009 (n. nights)	
Hotel.....(A,B,C etc.) – second choice: Hotel.....	€
Reservation fee	€ 16,00
Total amount	€

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