



ECPB WORKSHOP 2010
ROME
OCTOBER 30 – NOVEMBER 3
CROWNE PLAZA ST. PETERS'S HOTEL – OSPEDALE CTO

REGISTRATION FORM

**Please send the registration form included copy of the payment to the email
 ecpb@fastwebnet.it or via fax to +39 06 97254720
 Registration CANNOT be accepted or confirmed without full payment**

PARTICIPANT DETAILS

First Name Last Name

Address

City Country Zip Code

Phone Fax E-mail

INVOICE DETAILS

Name/Company

Address

City Country zip code

Other related information

REGISTRATION FEES

CATEGORY	PRICING DEADLINE AUG 31. 2010	2nd PRICING DEADLINE SEPT 30. 2010	ON SITE AND AFTER SEPT 30 2010	DAILY REGISTRATION (ONLY ON SITE REGISTRATION)	SUBTOTAL
ECPB Member	€ 300,00	€ 380,00	€ 450,00	€ 150,00	€
ECPB Nonmember	€ 350,00	€ 430,00	€ 500,00	€ 150,00	€
Students	€ 200,00	€ 280,00	€ 350,00	€ 150,00	€
Nurse and Physiotherapist	€ 200,00	€ 280,00	€ 350,00	€ 150,00	€
Accompanying Persons	€ 180,00	€ 260,00	€ 330,00	€ 150,00	€
TOTAL AMOUNT					€



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PAYMENT TYPE

- BANK CHECK OUT TO
- BANK TRANSFER OUT TO IBAN.....

REASON OF THE PAYMENT: *PARTECIPANT NAME -ECPB2010 REGISTRATION*

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Registration Confirmation - Your registration confirmation will be e-mailed immediately after your payment has been processed.

Date _____

Signature _____

I authorise the processing of my personal information under D.Lgs. 196/03.