



Registration form

One form per registrant. Photocopied forms are accepted.

Return completed form and payment to the Organizing Secretariat within May 30th, 2010 to:

Scanned form and bankreceipt can also be sent by e-mail.

SYMPOSIA. c/ Juan Díaz Mula 2 - 28224 Pozuelo de Alarcón (Spain)

Tel. +34 609 009317 e-mail: ins.senemo@symposia.es

REGISTRANT

Last Name: _____

First Name: _____

Profession: _____

Hospital/Corp.: _____

City/Country: _____

E-Mail: _____

INVOICE TO

Name: _____

Address: _____

Zip Code: _____ City: _____

Country _____ E-Mail: _____

VAT Code/NIF: _____

Please send invoice to a.m. address by E-Mail Post

CONGRESS REGISTRATION FEES

(Quoted in Euro, VAT included)

INS Member	€	250,00
Non INS Member	€	350,00
Gala Dinner	€	60,00

METHOD OF PAYMENT

- ◆ Bank Transfer to Sociedad Española de Neuromodulación
La Caixa. IBAN ES9621003946070200064496. SWIFT: CAIXESBBXXX
(please attach bankreceipt)

Signature _____ Date _____

Inscriptions will be confirmed by e-mail right after reception of bank transfer.

According to Spanish Law nº 15/1999 and following modifications on privacy protection, all personal data will be treated strictly confidentially and used only by Sociedad Española de Neuromodulación and Symposia for the purposes of this event. Personal data will not be divulged to third parties.

