



LABORATORY OF CLINICAL MICROBIOLOGY,
VIROLOGY AND BIOEMERGENCIES

Laboratory Biosafety Training Course



Please return by e-mail to: info@climvib.eu

Please provide us with your personal data in order to enable us to prepare your personal badges and edit the participants list.

1. Participants Information

Family name: _____

Title: Prof. Dr. other: _____ Mr. Ms. Mrs.

First name: _____

Organisation: _____

Address: _____

Postal code: _____ City: _____

Country: _____

Telephone: _____

Fax: _____ E-mail: _____

2. Registration Fee

Registration Fee	Before October 1 st	After October 1 st
Participants	€ 2000	€ 2500

The tuition fee will cover all theoretical and practical sessions, training materials, lunches for all the training days and one social dinner.



3. Payment

Total fee: Euro _____

I will pay the amount: by remitting the amount to

	<u>Med Tech Science s.r.l.</u>
Bank:	INTESA SAN PAOLO
IBAN:	IT11D0306911310615222845068
SWIFT:	BCITITMM
Cause:	Registration "Laboratory Biosafety Training Course" 09/13 November 2015

Send copy of the receipt to Med Tech Science S.r.l. by fax (0382 303082) or e-mail (info@medtechscience.com).

Payments should be in EURO. Do not charge the beneficiary with any transfer charges.

4. Additional Instructions

Deadlines

Registration must be e-mailed no later than **October 15th, 2015**. Please use one form per person. Should you have problems registering, please contact the Training Course Secretariat at info@climvib.eu.

Payment Information

Registration forms must be accompanied by full payment in order to be processed. No registrations will be accepted by telephone.

Refund policy

The Conference Office should be notified of cancellation in writing. If the Training Course Secretariat receives cancellation before **October 15th, 2015**, 70% of the total registration fee will be refunded. After this date no refunds will be possible. Please note that refunds will only be made after the Training Course. If you cannot attend, you may send a substitute. The original registrant must submit a written authorization for his/her replacement.

Confirmation

Please allow up to 10 days for mailed confirmation of your registration.

By sending in this registration form, I acknowledge that I commit myself to the immediate payment of the full Training Course fee. I have taken notice of the cancellation terms on this form.

Date: _____/_____/_____ Signature: _____

I authorize the processing of personal data for the purposes of the Laboratory Biosafety Training Course, under Italian law DL 196 of June 30, 2003.

Date: _____/_____/_____ Signature: _____