



Congressi ♦ Meeting ♦ Convention ♦ Eventi



### REGISTRATION FORM

## Cutting Edge Techniques and Controversies in Shoulder Arthroplasty A Transatlantic Debate – Fourth Edition 4-5 October 2024

**Florence Learning Center – Florence, Italy**

Please fill in and return this form to the following address:  
CONGREDIOR srl – registration@congedior.it – www.congedior.it

Type or print in capital letters:  Mr.  Ms.

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

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

Place of birth \_\_\_\_\_ Date of birth \_\_\_\_\_

Fiscal code (Italians) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal/Zip code \_\_\_\_\_ Country \_\_\_\_\_

Cell Phone (include country, city and area codes) \_\_\_\_\_

Fax number (include country, city and area codes) \_\_\_\_\_

E-mail address \_\_\_\_\_

Web address \_\_\_\_\_

Pec (not compulsory) \_\_\_\_\_

**The registration fee includes:** participation at the congress, coffee breaks and lunches during the meeting, certificate of attendance

#### **PROFESSIONAL DATA**

**Professional Profile:**  Surgeon - Specialization \_\_\_\_\_

Specializing Student/Student/Master Student/Fellowship/Resident

Physical Therapist  Orthopedic Technician  Radiographer  Nurse

Other categories ( \_\_\_\_\_ )

**professional classification:**  Employee (Dipendente)<sup>1</sup>  Affiliated (Convenzionato)  Freelance (Libero professionista)

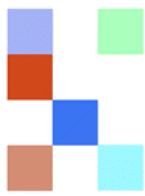
Unemployed

1- Specification of the Company or Institution \_\_\_\_\_

#### **For Italians Only:**

**Iscritto a:**  Ordine  Collegio  Associazione Professionale Città: \_\_\_\_\_

N° Iscrizione Organizzazione/Ente/Associazione di appartenenza \_\_\_\_\_



## REGISTRATION FEES

| REGISTRATION                                                                                        | 07/03 – 5/04<br><i>early bird</i> | 06/04 – 3/06 | 04/06 – 31/08 | 1/09 – on site |
|-----------------------------------------------------------------------------------------------------|-----------------------------------|--------------|---------------|----------------|
| Surgeons                                                                                            | ☐ € 250,00                        | ☐ € 330,00   | ☐ € 410,00    | ☐ € 520,00     |
| Other Healthcare professional<br>Physical Therapists, Orthopedic<br>Technician, Radiographer, Nurse | ☐ € 180,00                        | ☐ € 250,00   | ☐ € 330,00    | ☐ € 450,00     |
| Students, Specializing Student,<br>Master Student, Fellowships,<br>residents                        | ☐ € 100,00                        | ☐ € 150,00   | ☐ € 190,00    | ☐ € 250,00     |

## PATRONAGE MEMBER REGISTRATION FEES

| 20% discount on the registration fee for the patronages members of the event                        |              |               |                |
|-----------------------------------------------------------------------------------------------------|--------------|---------------|----------------|
| PATRONAGE / SPORT FEDERATION<br>MEMBER                                                              | 06/04 – 3/06 | 04/06 – 31/08 | 1/09 – on site |
| Surgeons                                                                                            | ☐ € 264,00   | ☐ € 328,00    | ☐ € 416,00     |
| Other Healthcare professional<br>Physical Therapists, Orthopedic<br>Technician, Radiographer, Nurse | ☐ € 200,00   | ☐ € 264,00    | ☐ € 360,00     |
| Students, Specializing Student, Master<br>Student, Fellowships, residents                           | ☐ € 120,00   | ☐ € 152,00    | ☐ € 200,00     |

### REGISTRATION FEE – LEGENDA

**The registration fee includes:** participation at the congress, coffee breaks and lunches during the meeting, certificate of attendance

(\*) Documented proof or self-certification of the status of patronage or sport federations specializing student must be provided to the Organizing Secretariat (registration@congedior.it) together with the completed registration and proof of payment made.

### VAT EXEMPTION

The registration fee free of VAT can be granted only and exclusively to a Public Body for the updating and requalification of the staff in office (Law 573/93 art. 14 co. 10, pursuant to art. 10 of Presidential Decree 633 / 72).

Participants who are eligible must have an explicit request sent by their Organization to which they belong, indicating the name of their registered employee, together with the aforementioned documentation:

- Heading of the Entity with address and VAT number
- Office Unique Code
- CIG / CUP code (if provided)
- Data relating to the Purchase Order or Booking code (if applicable)

**BE CAREFUL:** IN THE ABSENCE OF DOCUMENTATION, THE REGISTRATION IS NOT INTENDED TO BE COMPLETED. IT WILL NOT BE POSSIBLE TO REQUEST A VAT REFUND AFTER PAYMENT AND / OR INVOICE ISSUED.



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Sponsorship Participant

YES \*  NO

SPONSOR COMPANY NAME \_\_\_\_\_

\* If the participation is sponsored, attach the company invitation you countersigned to the registration form.

**Terms of Payment**

All payments must be made in Euro currency and for the exact amount of the registration fee:

Bank transfer payable to **Congredior s.r.l.**

UNICREDIT SPA - IBAN: IT 82 0 02008 02619 000103637413 (SWIFT-code UNCRITM1Q10)

Please indicate: "Participant Name and Surname" – Cutting Edge Techniques and Controversies in Shoulder Arthroplasty – Florence, 4-5 October 2024"

**BE CAREFUL:**

- A copy of the bank transfer must be sent to the following email address [registration@congedior.it](mailto:registration@congedior.it) together with the registration form

- Any other bank charges are to be payed by the participant

**Cancellations:**

Cancellations are not allowed. It is always possible to replace the registered participant, as long as this is communicated to the Organizing Secretariat Within 30th April 2022

**INVOICING DATA**

The invoice should be addressed to:  Participant  Other person (In this case, fill in the data requested below)

Company name or personal Name \_\_\_\_\_

VAT number \_\_\_\_\_ Fiscal code \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Pec (Certificied Eletronic Email) \_\_\_\_\_

**PERSONAL DATA HANDLING**

*In accordance with the Italian Law D.Lgs 196/03 e and article 13 of the Regulation (EU) 2016/79 (GDPR 2016/679). I hereby declare that any personal information in our possession will be used for the purposes of the meeting organized from Congredior srl.*

*The data provided is necessary for registration and detailed documentation. Data processing is carried out not only for the aforementioned purposes, but also to send future information on scientific and educational topics.*

Date \_\_\_\_\_

Signature \_\_\_\_\_