

4th

**Florence
RA Course**



THE RHEUMATOID UPPER LIMB

FLORENCE
23-25 February
Hotel AC

WWW.FLORENCECOURSE2017.ORG

2017

REGISTRATION FORM

Full name Mr/Mrs

Professional qualification Institution/company

Business address

Home address..... Email

Phone Place and date of birth

Social security number/Fiscal code

The fee for participating in the above Course includes: 2 and a half days of Courses, congress kit, 2 lunches, 4 coffee breaks, congress dinner, EACCME credits.

REGISTRATION FEES* (vat 22% included)

Within 31 January 2017	
Surgeons/Rheumatologists	€ 915,00
Physical/Occupational Therapists	€ 671,00
Residents and Under 35	€ 450,00

* 15% special discount offered to Attendees of 2014 Florence RA Instructional Course

To be paid by: Eurocard/ Mastercard VISA American Express

Name on card Credit Card Expiry date

Card number

CCV Code (security code, on back of the card)

I hereby authorise Universalturismo to debit this credit card for the total amount of

I also consent Universalturismo to debit or credit my credit card account with the amount of any subsequent change(s) to the items booked.

I wish to have my receipt made out to:

Name/Company name Address

City Postal Code State

Country VatNumber/SSN/CF

Data/Date Firma/ Signature

Please return to:

UNIVERSALTURISMO

Email: Racourse@universalturismo.com

Phone +39 055 5039219 - Fax +39 055 5039212 -