

REGISTRATION INFORMATION

For immediate registration, register online at www.fmsi.it > FMSI National Congress and click on "online registration". An online receipt and confirmation will be generated upon completion of your online registration. As an alternative, please fill and return this registration form to the Organizing Secretariat:

AIM Group International-AIM Italy Srl Via Flaminia 1068 - 00189 Rome - Italy Phone: +39.06.33053.1 - Fax +39.06.23325626 e-mail: fmsi2019.reg@aimgroup.eu Faxed forms are considered originals; do NOT mail a duplicate copy.

REGISTRATION FEES

Registration will be processed only if accompanied by total payment. All fees are requested in Euro. VAT is included. Reproduce form for additional registration.

- 1) The Registration Fee, VAT included, gives the right to access all scientific sessions and the exhibition area, and includes:Congress bag and all the Congress material;
- Welcome Cocktail;
- 2) A reduced fee is offered to Graduates from Medical School, Residents in all Medical Fields, non FMSI Members. Certificate to be shown.
- 3) The Registration Fee is free for Physiotherapists, Sports Massage Therapists, Sports Scientists and Psychologists, who have paid the FMSI Membership fee of €50,00 and who registered to the Congress before the indicated term. Otherwise, to access to the reduced fee it will be necessary to present a copy of the qualification along with the registration form.

CANCELLATION POLICY

Notification of cancellation must be sent in writing to the Organizing Secretariat. Cancellations will be accepted ${\bf until}~{\bf 25}^{\rm th}$ **February 2019** with a refund of all paid fees. Please note: 30% of the registration fee will be withheld for administrative charge. No refunds will be made for cancellations received after 25th February 2019. All approved refunds will be processed and issued 60 days after the Congress.

DATA PROCESSING AGREEMENT

Pursuant to Regulation UE 679/2016, AIM Italy, in its capacity as Data Controller, is bound to provide disclosure on its use of personal data.

☐ I have read the privacy policy and I consent to the processing of my personal data for the requested purposes.

Date _____ Signature ___



Please enclose herewith copy of bank receipt.



| Personal Details (Please use CAPITAL letters) |) | | | | | |
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| Registration Fees | | | | | | |
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| Fee Schedule ⁽¹⁾ | | Before | | om 1/01/2019 | From 1/03/2019 | |
| Degular Foo | | 31/12/201 | 8 to | 28/02/2019 | and on site | |
| Regular Fee Graduates from Medical School, Residen | ts in all | € 200,00 € 50,00 | | € 250,00 € 100,00 | € 350,00 € 200,00 | |
| Medical Fields ⁽²⁾ | its iii aii | € 30,00 | | € 100,00 | € 200,00 | |
| Physiotherapists, Sports Massage Therapist | s. Sports | € 50,00 | | € 150,00 | € 250,00 | |
| Scientists non FMSI Members and Psycholo | | , | | 3 = 3 3,0 3 | 0 =00,00 | |
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| Full payment must accompany this form. | | | | | | |
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| * Security code: three figures appearing on the back of th four figures above the card number for AMERICAN EXPRE | | signature space | for VISA, I | MASTERCARD, EURO | CARD; | |
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| Bank Transfer Please transfer the payment to | AIM Italy | Srl | | | | |
| Banca Intesa Sanpaolo - fil. 37 (06019) - Via Bor | - | | me (Italy | ·) | | |
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| Note. This payment form should clearly state tl | ne names(s |) of the delega | ate(s) an | d should clearly | state "FMSI 2019". | |

Online Payment Check the congress website www.fmsi.it > National Congress and click on "online registration form"

Payment by credit card is available under the security certificate mode "veriSign" and "SSB".

Signature