



SIXTH E.S.T.R.O.T. CONGRESS

European Society of Tissue Regeneration in Orthopedics and Traumatology

Chairman: Taco J. Blokhuis

29-30-31 March, 2021

Muziekgieterij - Maastricht, The Netherlands

REGISTRATION FORM

SURNAME.....
NAME
PROFESSION.....
 FREE LANCE EMPLOYEE PRIVATE STRUCTURE operating within the national health system
DISCIPLINE
PRIVATE ADDRESS N°
CITY POST CODE COUNTRY.....
TEL. PORTABLE.
HOSPITAL.....
ADDRESS N°
CITY POST CODE COUNTRY.....
TEL. FAX
E-MAIL

*Please send this form **COMPLETELY AND CLEARLY FILLED IN (IN CAPITAL LETTERS)***

together with a copy of the payment to:

Keep International Srl - Via Giuseppe Vigoni, 11 – Milan

Tel. +39 02 54122579 Fax +39 02 54124871 E-mail: info@keepinternational.net

I authorise the use of my personal data in compliance with the Italian Legislative Decree 196/03 (privacy law), for future institutional and educational communications from Keep International.



REGISTRATION FEES (VAT included)

| | UNTIL 28/02/2021 | FROM 01/03/2021 |
|--|-------------------------|------------------------|
| Medical Doctors | € 350,00 | € 450,00 |
| Students, Residents and Nurses* | free | free |
| Young Investigators* | free | free |
| Scientist and researchers | € 150,00 | € 200,00 |
| Exhibitors | € 150,00 | € 200,00 |
| One day registration | € 200,00 | € 250,00 |

Registration fee includes: congress bag, congress material, Coffee breaks, Lunches, Attendance Certificate

THE REGISTRATIONS WILL BE ACCEPTED IN A CHRONOLOGICAL ORDER AND MUST HAVE THE COPY OF PAYMENT ATTACHED.

In case of cancellation, there will be no refund.

TOTAL AMOUNT FOR PAYMENT:

Total amount due €.....

I WOULD LIKE TO PAY BY:

Bank Transfer (copy attached) to:

FROM ITALY: Keep International srl – BNL Banca Nazionale del Lavoro – Ag. n.1 Milan
Cod. Iban IT 63 J 0100501601000000001787

FROM ABROAD: Keep International Srl – BNL Banca Nazionale del Lavoro – Ag. n.1 Milan
account no. IT 63 J 0100501601000000001787 BIC CODE: BNLIITRR

or

Credit Card on the congress website <http://www.keepinternational.net/en/calendar/index/month/3/year/2020>

INVOICE TO:

Surname

First Name

Address n°

City zip code

Country

VAT Number

Or (If VAT not available because private person):

Date and place of birth

For Italian Citizens: C. F.

Signature.....