



WORLD SOCIETY
OF PAIN CLINICIANS



ITALIAN CHAPTER OF
THE WORLD SOCIETY
OF PAIN CLINICIANS

World Society of Pain Clinicians

Turin (ITALY), July 4-7, 2006

REGISTRATION FORM

Please, fill in block capitals or type and send to **Centro Congressi Internazionale srl**

Via Cervino, 60 - 10155 Torino (Italy) - Tel. +39 011 244 69 11 - Fax +39 011 244 69 00 - e-mail: chiara.fabbi@congressiefiere.com

Title _____ Family name _____ Name _____

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I expect to be accompanied by _____

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Registration Fees

Before February 28, 2006 After March 1, 2006

<input type="checkbox"/> WSPC Member	Euro 280,000	Euro 330,00
<input type="checkbox"/> Non WSPC Member	Euro 320,00	Euro 370,00
<input type="checkbox"/> Refresher Courses	Euro 150,00	Euro 200,00
<input type="checkbox"/> Nurses	Euro 230,00	Euro 280,00

Gala Dinner: n. _____ person/s Euro 60,00 per person

Grand Total _____

Registration Fee and Gala Dinner can be paid by:

Credit Card: Visa Eurocard Mastercard

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* Participants should pay any service fee charged by the bank on their money transfer. Every bank transfer must be increased of the amount of Euro 20,00 to cover the additional expenses charged by the bank.

Please, remember to state the **participant's family name** and title of the congress on all bank transfer to the Organizing Secretariat.

Privacy - Italian Law n. 196/2003: We warrant complete privacy on personal data. They will be kept and used only for communications regarding the meeting organization.

Date _____ Signature _____