



# 7<sup>th</sup> Mantua **WORKSHOP on DIABETES MELLITUS** and Related Disorders

FROM RESEARCH FINDINGS TO CLINICAL IMPLEMENTATIONS

Mantova (Italy) - Teatro Scientifico Accademico del Bibiena - October 16-19, 2019

## REGISTRATION FORM (part 1)

### 1. Delegate Information

Surname \_\_\_\_\_ Title (Prof/Dr/Mr/Mrs/Ms): \_\_\_\_\_

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Address for correspondence \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile Tel. \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Special dietary requirement or food intolerance \_\_\_\_\_

#### Only for Italian participants (CME credits information)

CME accreditation will be requested to AGENAS for a maximum of 200 Medical Doctors (specialties: Metabolic Diseases and Diabetology, Endocrinology, Internal Medicine, Geriatrics).

Medical Doctors      specialties:  Metabolic Diseases and Diabetology    Endocrinology    Internal Medicine    Geriatrics

Date and place of birth \_\_\_\_\_ Tax Code - Cod. Fiscale (required) \_\_\_\_\_

### 2. Heading of the invoice for registration fee (required)

Institution/Company - Name / Surname \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

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

V.A.T. Number \_\_\_\_\_ Tax Code \_\_\_\_\_

**Only for Italian participants:**      Codice      Indirizzo  
**Dati per fatturazione elettronica**      univoco SDI      PEC

#### Information about V.A.T. (Value Added Tax) for invoicing procedures (please read carefully the following information)

UE Institutions or Companies      V.A.T. NUMBER (required)       UE private citizens V.A.T. or tax identification NUMBER (required)

For EXTRA UE Institutions or companies V.A.T. is not required. Please be informed that:

· UE or EXTRA UE Institutions or Companies are due to pay registration fee V.A.T. excluded; · UE or EXTRA UE private citizens are due to pay registration fee V.A.T. included

**Only for Italian participants: to receive an electronic invoice issued by a Public Administration see the program at page 8 or part 2 of this registration form**

### 3. Delegate Registration fees (All prices are in Euros)

Senior (age ≥ 35 years)	<input type="checkbox"/> € 500,00 (= € 409,84 + 22% V.A.T.)
Junior (age < 35 years)	<input type="checkbox"/> € 250,00 (= € 204,92 + 22% V.A.T.)

Registration fees include: admission to scientific sessions, Workshop kit, certificate of attendance, lunches and coffee breaks (as indicated in the programme), social events (to be defined).

### 4. Payment Information

#### Payment by Credit Card

**Only for Visa and Mastercard Users online payment through COGEST M. & C. web site:** following the instructions at: <http://www.cogest.info/congressi/pagamento.php>  
 **Only for American Express and Diners Users payment with Credit Card:** you are kindly requested to fill in this registration form, to sign it and send it by fax to 0039 045 597265. COGEST M. & C. will send you an official receipt for the payment and further organizing information.

Credit card:     AMERICAN EXPRESS     DINERS    Expiration Date  /

No.

Cardholder's Name and Surname \_\_\_\_\_

#### Payment by Bank Transfer

Bank transfer in favour of **COGEST M. & C. srl, IBAN IT49H0200811705000005233961, BIC SWIFT UNCRITM1M03, on UNICREDIT BANCA, Piazza Bra 26/e, Verona (Italy)** specifying the title of the event and the Surname of the person you are making the payment for.  
Copy of the bank receipt must be faxed (+39 045 597265) or mailed ([cogest@cogest.info](mailto:cogest@cogest.info)) with the form.

#### Online payment by Bank Transfer only for UNICREDIT Account holders

<https://www.cogest.info/congressi/pagamento.php>

I authorize Cogest M. & C. BUSINESS & TRAVEL to charge my credit card with the Workshop registration fee € \_\_\_\_\_

Date    /    /    Signature \_\_\_\_\_

#### PRIVACY

I authorize the treatment of my personal data according to the EU General Data Protection Regulation (GDPR) n. 2016/679. Data will not be spread or communicated to people or organisations other than the ones competent for the performance of the requested services. Your authorization for the use of your data is compulsory, without it we will not be able to proceed with the registration operations.  
Date \_\_\_\_\_ Signature \_\_\_\_\_

I authorize the treatment of my personal data for the mailing of information documents on the meeting and CME events organized by COGEST M. & C. COGEST M. & C. declares that your data will not be spread or communicated to people or organisations.  
Date \_\_\_\_\_ Signature \_\_\_\_\_

**PRIVACY INFORMATION** With reference to the EU General Data Protection Regulation (GDPR) n. 2016/679 we wish to inform you that personal data you have communicated are treated in your interest for the following aims: - operations connected with meeting, congresses, education events (authorization is compulsory); - compliance with legal requirements and for administrative/accounting aims in the management of contracts/agreements (authorization is compulsory); - mailing of communications, information or newsletters about new events (authorization is optional); Responsible of the personal data treatment is COGEST M. & C. Srl, Vicolo San Silvestro 6 – 37122 Verona (Italy). Appointment of a DPO (Data Protection Officer) is not required for those operations. As interested person, you have the right to be informed, to get access to your data, to get rectification, to erasure (the right to be forgotten); to restrict processing, to data portability, to object, to restrict automated decisions and profiling.



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## REGISTRATION FORM (part 2)

### 5. Hotel Reservation details

Surname

Name

Category 3 stars	<input type="checkbox"/> n. _____ DOUBLE ROOM	maximum rate € 120,00
Category 3 stars	<input type="checkbox"/> n. _____ DOUBLE AS SINGLE ROOM	maximum rate € 98,00
Category 4 stars	<input type="checkbox"/> n. _____ DOUBLE ROOM	maximum rate € 190,00
Category 4 stars	<input type="checkbox"/> n. _____ DOUBLE AS SINGLE ROOM	maximum rate € 140,00

Rates are intended per room, per night, breakfast and VAT included - The hotel accommodation charge will be invoiced directly by the hotel. (City tax, if required, not included).

Date of arrival

Estimated time of arrival

Date of departure

Estimated time of departure

Number of nights

#### I wish to share the room with:

Accompanying person     Other participant in the Workshop    Surname/Name

#### Please COMPLETE as guarantee for the hotel:

AMERICAN EXPRESS     DINERS     VISA     MASTERCARD/EUROCARD

Expiration Date

/

No.

CWV Code

(the last 3 numbers on the back side of the credit card; the CWV is not requested if the credit card is AMERICAN EXPRESS or DINERS)

Cardholder's name

I authorize the hotel to charge the hotel rate according to the cancellation policy indicated in the programme.

Date

/ /

Signature \_\_\_\_\_

#### Cancellation Policy

- In case of cancellation by August 20<sup>th</sup> 2019, only booking fee will be held.
- In case of cancellation from August 21<sup>st</sup> 2019 to August 31<sup>st</sup> 2019, booking fee and the charge for one night stay will be held.
- In case of cancellation from September 1<sup>st</sup> 2019 and in case of no show, the hotel will charge all nights stay on the credit card.

#### ONLY FOR ITALIAN PARTICIPANTS:

#### RESERVED TO HEALTH PERSONNEL WORKING IN ITALIAN PUBLIC ADMINISTRATIONS (HOSPITALS, UNIVERSITIES, MUNICIPALITIES ETC...)

To receive an electronic invoice issued by a Public Administration with the **SPLIT PAYMENT method (charging VAT to the public administration) or with VAT EXEMPTION (see art. 10 DPR 633/72 as modified by the art. 14 Law 24/12/1993 n. 537)** you are kindly requested to provide compulsory the following information:

- Specific request with the fiscal data of the Public Administration and Administration office contact person (phone and e-mail)
- Declaration in writing with all fiscal data of the Public institution where specified that the employee (name and surname to be indicated) is authorized to attend the event for professional education purpose
- PA code (identifying the Public Administration) - it is a code composed by 6 alphanumeric characters
- Any other information that could facilitate the identification of the payment according to the e-invoicing rules

#### PRIVACY

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Date \_\_\_\_\_ Signature \_\_\_\_\_

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Date \_\_\_\_\_ Signature \_\_\_\_\_

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