

MINIMAL INVASIVE SPINAL SURGERY

Quo vadis ?

Past, Present and Future

VENICE, Italy

October 14th - 15th, 2005

PARTICIPANT REGISTRATION FORM

to be sent to: **Pirene, Via Gherardo Silvani 155 – 50125 Florence, Italy - info@pirene.it**

Family Name _____ First Name _____

Specialty _____

Accompanying Person _____ (for Social Program see the Hotel form)

Address _____ Zip Code _____

City _____ Country _____

Phone _____ Fax _____ e-mail _____

P.IVA _____ Codice Fiscale _____ (for Italian participants only)

For invoices in case of different address:

Name _____

Address _____

WORKSHOP REGISTRATION

- I will attend
 I will **not** attend

Early registration is advisable – places are limited to 25

REGISTRATION FEE
Congress Fees (VAT Included)

by July 1st, 2005

after July 1st, 2005

Participants

€ 650,00
(€ 541,70 + VAT 20%)

€ 750,00
(€ 625,00 + VAT 20%)

€ _____

TOTAL € _____

Registration fee includes: 2 Coffee Break, 2 Lunch, 1 Gala Dinner

Remittance procedure

The payment registration fee should be made in Euro by:

- Personal or bank cashier's check payable to Pirene
 charge my credit card (Visa, Mastercard, Eurocard)

Card n° _____ Expiry date _____

Name of card holder _____ Birth date _____ Signature _____

Registration form not accompanied by the payment will not be processed

For Italian participants only: I dati richiesti e da Lei compilati saranno utilizzati esclusivamente per le finalità indicate e garantendo quanto previsto dalla legge sulla privacy n 675/1996. In ogni momento Lei potrà chiederne la verifica, la variazione, l'integrazione e anche la cancellazione contattando Pirene Srl, Via Gherardo Silvani 155 – 50125 Firenze, tel 055 2322132 – 2322112 - fax 055 2326414 - info@pirene.it

Date _____

Signature _____

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HOTEL REGISTRATION FORM

to be sent to: Pirene, Via Gherardo Silvani 155 – 50125 Florence, Italy

Accompanying persons' Form

Family Name _____
First Name _____
Family Name _____
First Name _____

Accompanying persons' fee* (Vat Included)

By July 1, 2005 € 250,00

After July, 2005 € 300,00

* Accompanying persons' fee includes: all museum tickets and 3 days program (meals not included)

FRIDAY 14th

9:00 The Torcello Island and its Roman Basilica

11:00 The furnace of the Archimede Seguso glass-work and the Seguso Museum in the Murano Island.

Lunch in the Museum (€ 40)

17:00 The Lucien Freud exhibition, Museum Correr.

SATURDAY 15th

10:30 The Ca' Rezzonico, a Venetian Eighteenth century Palace

15:00 The Peggy Guggenheim Collection of Modern Art

SUNDAY 16th

10:30 The Academy Galleries: the Venetian paintings from the Middle Age to the Nineteenth century

15:30 The Medieval Basilica of Santa Maria Gloriosa dei Frari and its masterpieces from the Middle Age to the Renaissance

Gala Dinner on

Oct. 14 € 100+ IVA

Lunch on Oct. 14 € 40 + IVA

Sunday Tour € 80 + IVA

English Tour Guide
Reservation required

The Accompanying persons' program and the excursions will be organized for a minimum of 30 participants.

Family Name _____ First Name _____
Address _____ Zip Code _____
City _____ Country _____ Phone _____
Fax _____ e-mail _____
P.IVA _____ Codice Fiscale _____ (for Italian participants only)

PRICES AND DEPOSIT REQUIRED

Category	Single Room	Deposit	Double Room	Deposit
*****	€ 460,00	€ 510,00	€ 630,00	€ 680,00
****	€ 400,00	€ 450,00	€ 450,00	€ 500,00
***	€ 240,00	€ 290,00	€ 280,00	€ 330,00

I wish to reserve ___ a single room ___ a double room
arrival _____ departure _____

In category ***** ___ **** ___ *** ___ and enclose a DEPOSIT of € _____

POST CONGRESS TOUR 16/17/18 October 2005

(for a minimum of 10 participants)

Florence € 900,00 (each in a ***Hotel)

n. ___ Family Name _____ First Name _____

Family Name _____ First Name _____

Rome € 900,00 (each in a ***Hotel)

n. ___ Family Name _____ First Name _____

Family Name _____ First Name _____

TOTAL Post Congress Tour € _____

GRAND TOTAL AMOUNT (Hotel Deposit, Accompanying Persons' fee and other excursions, Post congress Tour)

€ _____

Remittance procedure

The payment should be made in Euro by:

- Personal or bank cashier's check payable to Pirene Srl
 Charge my credit card (Visa, Mastercard, Eurocard)

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Name of card holder _____ Birth date _____

Signature _____

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Date _____ Signature _____