



## **X INTERNATIONAL VETERINARY ACUPUNCTURE SEMINAR**

### **REGISTRATION**

#### **Fees**

<b>SIAV members</b>	<b>VAM members</b>	<b>Nonmembers</b>
<b>€ 180</b>	<b>€ 250</b>	<b>€ 350</b>

Registration forms and fees must be received by the SIAV Secretary's Office no later than **October 25, 2009**.

#### Registration fee includes:

- Seminar handouts and educational materials
- Coffee breaks
- Working lunches

Cancellations and requests for refunds should be sent by fax or mail to the secretary's office. If received by October 3, 50% of the amount paid will be returned. No refunds will be made after this date.

Additional charge for the gala dinner  
**€ 55** per person.

Please indicate the number of guests you will be bringing on the registration form.

### **FOR INFORMATION, CONTACT:**

**Luca Vigo (SIAV)**  
luca\_vet@fastwebnet.it  
Tel.: 0039/347/4295055

### **SEND REGISTRATIONS TO:**

**Carolina Pederneschi (SIAV)**  
segreteria@siav-itvas.org

## **LOCATION**

Presentations: Torino Incontra - Via Nino Costa, 8 - 10123 Torino

Wet labs: Circolo Ippico Le Masche, Strada del Porto, San Bernardo – Carmagnola

## **ACCOMMODATION**

Hotel Roma e Rocca Cavour Srl

Piazza Carlo Felice 60

10121 Torino

[www.romarocca.it](http://www.romarocca.it) <<http://www.romarocca.it>>;

[info@romarocca.it](mailto:info@romarocca.it) <[info@romarocca.it](mailto:info@romarocca.it)>

## **HOTEL AND TOURIST INFORMATION**

### **REGIONAL TOURIST BOARD**

#### **"TURISMO TORINO E PROVINCIA"**

Via Maria Vittoria, 19 - 10123 TORINO - Tel. 0039/011/8185011 - Fax 0039/011/883426

<http://www.regione.piemonte.it/turismo/atl/to.htm>

Website: [www.turismotorino.org](http://www.turismotorino.org)

E-mail: [contact@turismotorino.org](mailto:contact@turismotorino.org)

Registration form and payment details are on the following page.

## REGISTRATION FORM

(send no later than **October 25, 2009** together with proof of payment of registration fee).

**Name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Place of birth:** \_\_\_\_\_

**Tax code:** \_\_\_\_\_

**S.I.A.V. member:**    **YES**    **NO**

**V.A.M. member:**    **YES**    **NO**

**Address:** \_\_\_\_\_

**Postal code:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Gala dinner:**

**Number of participants (including guests):**

## PAYMENT

- **Bank transfers** should be made out to:  
Società Italiana di Agopuntura Veterinaria S.I.A.V.
- UniCredit Banca  
Ag. di Torino Chieti  
ABI 02008  
CAB 01109  
CIN L  
C/C n. 3239349  
IBAN:  
IT 09 M 02008 01109 000003239349 - SOCIETA' ITALIANA DI AGOPUNTURA  
VETERINARIA  
Please indicate "**X SIAV**" in the space provided for specifying the reason for the transaction.
- **Bank or cashier's checks** should be made out to S.I.A.V

**S.I.A.V.** - Società Italiana Agopuntura Veterinaria  
Via Vanchiglia 27, 10124 Torino.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### Personal data

I authorize your organization to use, process and maintain records of electronic and hardcopy data concerning myself for purposes of participating in the event, distributing information and brochures regarding training activities, meetings and seminars, publicizing the event, and conducting statistical surveys pursuant to Legislative Decree 196/03, the Personal Data Protection Code.

I understand that:

- The data controller as defined by the Personal Data Protection Code is the Società Italiana Agopuntura Veterinaria, via Vanchiglia 2, 10124 Torino, Italy.

By affixing my signature below, I give my explicit consent to the use of my personal data for the purposes indicated above.

I consent

I do not consent

Date: \_\_\_\_\_

Signature: \_\_\_\_\_