S.I.A.V. It.V.A.S.

Società Italiana Agopuntura Veterinaria

Italian Veterinary Acupuncture Society

REGISTRATION FORM XVIII SIAV

(send no later than **September 30, 2017** together with proof of payment of registration fee).

Name: _____

Surname: _____

Date of birth: _____

Place of birth: _____

Tax code: _____

ItVAS/SIAV member:	☐	**270 €**
ECVA/VAM member:	☐	**270 €**
IVAS – Qi Institut member	☐	**270 €**
IZSLT – CeMIV member	☐	**270 €**
Vet Board Bolzano member	•	**270 €**
Non member	☐	**370 €**

Address: _____

Postal code: _____

City: _____

Country: _____

Phone: _____

Mobile: _____

Fax: _____

E-mail: _____

GALA DINNER (Saturday October 21st , 2017, 9:00pm)

Per person **40 €** **Total:** **€**

SOCIAL DINNER

The social dinner will be made in "*Oktoberfest*" style and includes typical South Tyrol dishes.

Any requirements should be reported by mail:
eliana.amorosi@gmail.com

or indicating in the registration form:

Vegetarian Menu ·
Vegan Menu ·
Gluten Free Menu ·
Other · .....

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 "**18 SIAV**" in the space provided for specifying the reason for the transaction.

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: _____