

OPEN VIEW ON PHLEBOLOGY

SPEAKERS INFORMATION FORM

to fill in and send to Avenue Media
WITHIN 30 SEPTEMBER 2019
e-mail: congressi@avenuemedia.eu

SURNAME	NAME
Phone	Mobile

➤ **ACCOMMODATION ***

Please mark the night you desire to be booked, according to your Speech:

NO **YES** night/s of

7 **8** **November 2019**

Double Room for Single Use **Double Room*** (rate difference on your charge*)

*In case of Double Room, it is compulsory to fill in Credit Card details, as a guaranty:

CREDIT CARD

NUMBER.....EXP. DATE

➤ **TECHNICAL EQUIPMENT REQUIRED**

(we suggest to use the Congress PC*)

Power Point **other**.....

*if you prefer to use your own PC, please inform us about your operating system:

PC Windows **Mac**

Privacy Policy

With reference to the personal data you have provided to Avenue Media Srl (hereinafter referred to as "Company"), pursuant to Article 13 of EU Regulation 2016/679 ("General Data Protection Regulation", hereinafter "the Regulation"), we would like to inform you of the following: The Holder of the treatment is Avenue Media Srl, with registered office at Via Riva Reno, 61 - 40122 Bologna, in the person of its legal representative. Privacy statement is available on <https://www.avenuemedia.eu/en/privacy-policy-conferences-events>

STATEMENT OF CONSENT:

Do I give my consent for the processing of all the data included in this form and mentioned in points 1 and 2 for the purposes and according to the modes set out there in?

I give my consent to processing I do not give my consent to processing

Do I give my consent to the processing of personal identification data for sending a regular newsletter (point 3 of the information document) about future events organised by the company?

I give my consent to processing I do not give my consent to processing

DATE

SIGNATURE.....

TRAVEL INFORMATION
to fill in and send to Avenue Media
WITHIN 30 september 2019
e-mail: congressi@avenuemedia.eu

NAME _____ **MIDDLE NAME** _____

SURNAME _____

TELEPHONE NUMBER

Please inform us about your travel preferences, filling in the form below.

Following your indications, we will send you some travel proposals and, based on your choice, we will issue the **electronic ticket**.

FLIGHT DETAILS – Bologna International Airport

DEPARTURE

Airport of Departure _____

Departure Day ____/____/_____

Departure Time_____:_____ Arrival Time_____:_____ Flight # _____

RETURN

Return Day ____/____/_____

Departure Time_____:_____ Arrival Time_____:_____ Flight # _____

IMPORTANT NOTES:

- 1) We do not refund transfers from your residence to the airport/station and return
- 2) We do not refund tickets with departure origin different from your residence
- 3) Once tickets are issued, no change will be accepted. Every change is on your charge (both organization and payment)
- 4) On occasion of direct booking, the travel refund will be guaranteed only upon receipt of payment invoices by the Organizing Secretariat no later than 1 month after the Congress end. After this time, any refund will be denied. Be informed that 30% tax reduction will be applied to the amount refund (according to the Italian Law).

Date ____/____/_____

Signature _____