



**HAEMATOPOIETIC STEM CELL TRANSPLANTATION (HSCT)  
FOR SEVERE AUTOIMMUNE DISEASES**

**Florence, Italy  
19-20 November 2009**

**REGISTRATION FORM**

**Photocopied forms are accepted**

**Return completed form and payment to the Organizing Secretariat  
FIMO srl – Via Kyoto, 43 – 50126 Florence (Italy)  
Ph.: +39 055 6800389 Fax +39 055 683355 E-mail: fimo-srl@fimo.biz**

**PERSONAL DETAILS**

Last Name.....First Name.....

Private Address.....

City.....Zip Code.....Country.....

Ph.....Fax.....E-mail.....

Title.....Institution.....

Business Address.....

City.....Zip Code.....Country.....

Ph.....Fax.....E-mail.....

In order to receive the invoice for the payment, please provide us the following information:

**INVOICE/RECEIPT INFORMATION**

C.F./VAT CODE.....

Register Invoice/Receipt to:

Private Address  Business Address  Other.....

Send Invoice/Receipt to:

Private Address  Business Address  Other.....

**www.adflorence.org**

**Scientific Secretariat: Lara Cox info@adflorence.org**

**Tel: +39 055 7946732 Fax: +39 055 7946609**

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### **CONGRESS REGISTRATION FEES**

**Due to limited space up to 280 participants can be accepted**

**Early Registration deadline: 15 September 2009**

**Fees apply to payments received prior to the indicated deadlines (all prices stated are in euros (including 20% VAT):**

- I am a member of EBMT or GITMO and agree to pay the Early Fee (until 15 September 2009) of €175**
- I am a member of EBMT or GITMO and agree to pay the Late Fee (15 September – 19 November) of €280**
  
- I am a scientist under 35 /or student and agree to pay the Early Fee (until 15 September 2009) of €175**
- I am a scientist under 35 /or student and agree to pay the Late Fee (15 September – 19 November) of €280**
  
- I am a non-member and agree to pay the Early Fee (until 15 September 2009) of €280**
- I am a non-member and agree to pay the Late Fee (15 September – 19 November) of €400**

The Registration fee will provide the participants with access to:

- all Scientific Sessions
- Congress kit
- Coffee breaks and lunches included in the program

### **Friday 20 November**

**I wish to attend one of the following panel parallel discussion groups:**

- Multiple Sclerosis**
- Systemic Sclerosis**
- Systemic Lupus Erythematosus**
- Crohn's Disease**
- Cytopenias**

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**METHODS OF PAYMENT**

- Bank Transfer to F.I.M.O. Srl:  
Bank: Cassa di Risparmio di Lucca Pisa Firenze  
IBAN: IT35K0620002806000000169466  
Swift Code: BPALIT3L
- Credit Card (Visa or Mastercard)
  - VISA
  - MASTER CARD

CARD NUMBER .....

SECURITY CODE (LAST 3 DIGITS).....

EXPIRY DATE (MM/YY) .....

CARD HOLDER'S NAME.....

SIGNATURE.....

According to Italian Law n° 675/96 on privacy protection, all personal data will be treated strictly confidentially and used only by F.I.M.O. Srl to keep you informed on scientific events of your interest. Personal data will not be divulged to third parties.

Date

.....Signature.....

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