



THE 3RD INTERNATIONAL CANCER SCIENCE CONGRESS

REGISTRATION FORM

SURNAME:	
NAME:	
AFFILIATION:	
TENTATIVE TITLE (for Speaker):	
INVOICE ADDRESS:	
COUNTRY:	
PHONE:	E- MAIL:
VAT/FISCAL ID/CF:	
HOTEL RESERVATION (<u>Villa Signorini or Hotel Herculaneum</u>): n° _____	
CHECK-IN (dd/mm/yy):	CHECK-OUT (dd/mm/yy):

	EARLY RATE DISCOUNTED* (by May 15 th)	EARLY RATE by June 30 th	REGULAR RATE by August 31 st	LATE RATE from Sept 1 st
SPEAKER (academic/non-profit)	600	650	750	900
PhD and YOUNG RESEARCHER (<35 years)	-	450	450	550
DELEGATE	-	350	400	450
ACCOMPANYING	-	250	300	350
CORPORATE/INDUSTRY			1000	1200
RATE BY DAY Speaker Accompanying			250 100	300 120

Registration fee includes coffee breaks, Welcome Party, Lunches, Social dinner, Gala Dinner, Farewell Party; Excursion to Reggia di Portici.

Tax: Prices include 22% Italian VAT

*** This rate applies to participants who have attended previous ICSC meetings**

PAYMENT to SARDINIA COCS SRL (see instructions below)

DATE _____

SIGNATURE _____

Send the registration form along with **payment receipt** to both: info@sardiniacocs.it; chiara.lualdi@uniupo.it



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two payment methods

1. WIRE TRANSFER

To SARDINIA COCS SRL,

Bank name: INTESA SAN PAOLO, Viale Bonaria Palazzo CIS, Cagliari (Italy)

SWIFT code: BCITITMM

Bank account number: 000038742156

Bank Located In
Italy

RAGIONE SOCIALE/LEGAL SUPPLIER	SARDINIA COCS SRL
PI FORNITORE/TAX NUMBER	02486510924
CF FORNITORE	02486510924
NOME DELLA BANCA/BANK NAME	Intesa San Paolo
INDIRIZZO DELLA BANCA/BANK ADDRESS	V.le Bonaria Palazzo CIS - CAGLIARI
CODICE SWIFT/SWIFT CODE	BCITITMM
ABI	04852
CAB	03069
CIN	X
CONTO CORRENTE/ACCOUNT NUMBER	000038742156
IBAN NUMBER	IT08X0306904852000038742156

Any bank charges by local or intermediate bank must be borne by the remitter. Any shortfall in the amount must be compensated in cash on site. (the fee includes 22% VAT tax)

2. PAYPAL to SARDINIA COCS SRL

A surcharge of **50 euros** will be applied for the Paypal transfer fee.

Contact Ms. Vittoria Marotta at info@sardiniacocs.it to request the **payment link**.

IMPORTANT NOTES:

Indicate the name of the participant(s) and Congress registration number on the remittance slip/reference text. Indicate the (tentative) **TITLE of your LECTURE**

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Any bank charges by local or intermediate bank must be borne by the remitter. Any shortfall in the amount must be compensated in cash on site.

Cancellation policy 80% refund if notified before July 15th; 50% refund if notified before Sept 15th; no refund if notified after Sept 16th.