

REGISTRATION FORM BECAM 2.0 CONGRESS



The undersigned.....
 Resident in.....town.....street.....
 Number.....
 Phone number.....mobile phone number.....email.....
 VAT code.....cod.fisc.....
 In possession of the qualification of.....
 Profession.....
 Student at the school.....year.....

REQUESTS

Registration for BECAM 2.0 Congress- Animal Osteopathy and Animal Welfare- which will take place on days 29th and 30rd September 2018 at Hotel Relais CASTRUM BOCCIA Via SS.Mario and Marta , 27 – 00166Rome.

I understand that the expected costs are those described below:

Registration fee for Congress and Workshops (by July 31st, 2018)	210,00 € + VAT
Registration fee for Congress and Workshops (August 1st – September 22nd 2018)	260,00 € + VAT
Registration fee for Congress and Workshops (up to registration deadline)	300,00 € + VAT
Costs for external students(request for certification management)	110,00 € + VAT
Costs for teachers and Diplomats EDUCAM Associates AIROP	110,00 € + VAT

Payment must be made on the Intesa San Paolo account in the name of C.R.O.M.O.N Srl

IBAN IT98G0306905098082445010179
Causal Registration BECAM CONGRESS 2.0+NAME and SURNAME

Indicate the preference for participation (refer to the information and website)

(barrare la/e casella/e)

Saturday 29th September	Sunday 30th September
<input type="checkbox"/> Plenary Osteopathy Animal (max 220 seats)	<input type="checkbox"/> Plenary Animal Wellness (max 220 seats)
Animal Wellness Workshop	Osteopathy Animal Workshop
<input type="checkbox"/> WS.1 <input type="checkbox"/> WS.2 <input type="checkbox"/> WS.3 <input type="checkbox"/> WS.4 (Morning)	<input type="checkbox"/> WS.9 <input type="checkbox"/> WS.10 <input type="checkbox"/> WS.11 <input type="checkbox"/> WS.12
<input type="checkbox"/> WS.5 <input type="checkbox"/> WS.6 <input type="checkbox"/> WS.7 <input type="checkbox"/> WS.8 (Afternoon)	

Place _____ **Date** _____ **Signature** _____
 (in the absence of the signature, registration and participation in the event will be not possible)

Informations on the processing of personal data:

warranty and rights of the interested party in compliance with legislative decree 196/2003 on privacy: CROMON LTD guarantees the utmost confidentiality in the processing of data provided that will be used exclusively for communications on the services offered and for administrative processing. I authorize CROMON LTD and partners of the EDUCAM group (AIROP and SOSI Srl) to the management of my personal data. It is understood that at any time I can withdraw my consent to the possession/processing of my data contacting the secretariat of CROMON LTD sending mail to info@airop.it

Place _____ **Date** _____ **Signature** _____
 (in the absence of the signature, registration and participation in the event will be not possible)

Disclaimer for audio/video filming OBLIGATORY SIGNATURE.

I declare to be aware that the event to which I participate can be audio/video recorded by CROMON direction and partners. Therefore I grant the disclaimer for the use (Residential, FAD and via network) of the audio-video material, for didactic, training and informations purposes, giving all rights, potential and future

Place _____ **Date** _____ **Signature** _____
 (in the absence of the signature, registration and participation in the event will be not possible)

I have also be informed that the Plenary Congress Hall and the Workshop Rooms that will take place at the same time, have a limited maximum capacity(also in relation to the protection of the animals present) and i twill not be possible to guarantee total respect of the preferences expressed by me.

To validate the registration it is necessary to send:

- (1) A duly completed and signed copy of the present application form
- (2) Copy of the payment receipt
- (3) If student: certificate/self-certification of enrolment in the school, courses or University Masters
by e-mail to

becam2@congressieducam.it

