

REGISTRATION FORM for:
Doctors of Chiropractic, Students and Chiropractic Assistants

THE ITALIAN CONNECTION
MARCH 31st / APRIL 1st MILAN, ITALY

Organised by: Associazione Italiana Chiropratici - aic@chiropratica.it
Ph.: +39 010 5533036 Fax: +39 010 5848607 - www.chiropratica.it

Venue Location: The Westin Palace Milan

Friday 30th March: welcome cocktail (not compulsory)

Company name: _____

Street: _____ City: _____

Zip Code _____ Country: _____

Telephone : _____ Fax: _____

E-mail: _____

If Chiropractic Assistant, please list the primary Doctor's name: _____

Please list the names of participants (DC's, CA's and Students)

Last name	First name	Title (DC, CA, Student)	Chiro. College	Year of graduation

IF YOU ARE A GROUP please consider the "Group Discounts for Team Practices (DCs and CAs)"

A Team Practice of 4 or more persons, which includes the registration of at least two DCs, qualifies for a 5% discount. A Team Practice of 8 or more persons, which includes the registration of at least three DCs, qualifies for a 10% discount.

Registration fee includes Coffee Breaks for all delegates

Registration fees :	Paid by March 8 th 2012	Paid after March 9 th 2012	Number of persons	Total Euro
<input type="checkbox"/> AIC Members/ECU	Euro 299,00	Euro 350,00		
<input type="checkbox"/> NON AIC/ ECU Members	Euro 450,00	Euro 500,00		
<input type="checkbox"/> Chiropractic Assistant	Euro 120,00	Euro 150,00		
<input type="checkbox"/> Student	Euro 100,00	Euro 100,00		

Social Programme	Date	Euro	Number	Total Euro
<input type="checkbox"/> Welcome Cocktail (not compulsory)	Friday, March 30 th	free		
<input type="checkbox"/> Saturday evening GALA dinner	Saturday, March 31 st	Euro 90,00		

TOTAL TO BE PAID: Euro _____

HOW TO REGISTER - For information please feel free to contact A.I.C. at 0039 010 - 5533036 (from 09.00 am to 01.00 pm and from to 02.00 pm to 06.00 pm):

By Fax: Fax this form to **0039 010 5848607**. Include credit card number and expiration date, along with signature for processing.

On-line: www.chiropratica.it

By E-mail: Send this form to: aic@chiropratica.it

By-Mail: Mail this form to:
ASSOCIAZIONE ITALIANA CHIROPRACTICI
Via Brigata Liguria, 1/20
16121 - GENOVA (ITALY)

PAYMENT DETAILS:

Credit card for the **total due** (in EURO): _____ VISA Master Card

Cardholder's **name:** _____

Credit **card number:** _____

Last digits on the signature panel of the credit card: _____

Expiry date (MM/YY): _____ Cardholder **Signature:** _____

Bank transfer payment:

Banca Popolare di Novara Ag.5
IBAN: IT73 T 05608 01405 000000001337
SWIFT: NVRBIT21035

Privacy:

The personal data sent by the participants directly or indirectly to Associazione Italiana Chiropratici is protected by the Italian Legislative Decree no.196 of 30 June 2003, "Personal Data Protection Code" which protects persons and other subjects with regard to the handling and processing of personal data and, therefore, will be used for administrative, accounting, commercial and promotional purposes. The holder and handler of personal data processing are:

- **Associazione Italiana Chiropratici** with head office in Via Brigata Liguria, 1/20 16121 Genova.

Signature _____

HOTEL ACCOMMODATION:

The Westin Palace

Piazza della Repubblica, 20 20124 MILANO
Tel:+39 02 63366805 Fax:+39 02 63362051
www.westin.com/palacemilan

**REMEMBER TO BOOK PERSONALLY THE HOTEL
USING THE ATTACHED FORM**