3<sup>RD</sup> ISSA INTERNATIONAL, HANDS - ON INTENSIVE MASTER IN BASIC AND ADVANCED LAPAROSCOPIC SURGICAL ANATOMY OF THE FEMALE PELVIS AND TECHNIQUES

IN COLLABORATION WITH AAGL

VERONA, ITALY JULY 11TH - 14TH, 2022

> **REGISTRATION FORM** Maximum number of participant: 40

## OPTION 1: € 4.000 (VAT included) Includes:

### includes:

- ★ Full Course registration
- ★ 4-day Theoretical and Live Surgery Sessions
- ★ Surgical Video-Library
- ★ Pre-recorded/Live-Keynote Cadaveric Dissection
- ★ Practical Hands-on Training on Cadavers
- ★ Disposable Material
- ★ Personal Insurance in the Course Venue
- ★ Coffee break and lunch in the Course Venue
- ★ 1 Social Dinner
- ★ Certificate of Attendance
- ★ 4 Nights hotel accomodation (check-in July 10<sup>th</sup>/check-out July 14<sup>th</sup>) Transfer from / to Hotel from / to ICLO Transfer from / to Verona Airport

## OPTION 2: € 3.200 (VAT included) Includes:

- ★ Full Course registration
- ★ 4-day Theoretical and Live Surgery Sessions
- \* Surgical Video-Library
- ★ Pre-recorded/Live Keynote Cadaveric Dissection
- ★ Practical hands-on Training on Cadavers
- ★ Disposable Material
- ★ Personal Insurance in the Course Venue
- ★ Coffee break and lunch in the Course Venue
- \* 1 Social Dinner
- ★ Certificate of Attendance

### Payment method:

International bank transfer to BLUEVENTS Crédit Agricole Cariparma Fliale RM-AG. 39 **IBAN:** s.r.l.: IT47T0623005089000063834533 - SWIFT CODE: CRPPIT2P616 Cancellation and changes to your original booking must be made in writing to the Organizing Secretariat > Before April 30th 2022 – 50% of the total cost will be charged > After April 30th 2022 - 100% of the total cost will be charged Please, fill out the registration form in all its parts and send it to Bluevents Srl at issaverona2022@bluevents.it, attaching proof of payment, by May 16<sup>th</sup> 2022.

| Selected Option            |           |
|----------------------------|-----------|
| Name                       |           |
| Surname                    |           |
| Date of Place of Birth     |           |
| Institution / Organization |           |
| Position                   |           |
| Mob.                       | Email     |
| Permanent address          |           |
| Tax Code                   |           |
| Date                       | Signature |

Please fill out the Registration Form and send it to:

# bluzvents srl

PCO & Provider ECM id 836

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