

International conference

# The hidden side of DNA profiles. Artifacts, errors and uncertain evidence

Auditorium, Università Cattolica del Sacro Cuore  
Rome, 27-28 April, 2012

[www.oic.it/forensicgenetics](http://www.oic.it/forensicgenetics)



## REGISTRATION & HOTEL FORM

### Per Membri Associazione degli Avvocati Romani

*Please return this form to the Congress Organising Secretariat*

OIC srl – Professional Congress Organiser

Viale Matteotti 7, 50121 Florence, Italy – **by 15<sup>th</sup> April 2012**

Phone +39 (055) 50351, fax +39 (055) 5035230, e-mail [registrationFG@oic.it](mailto:registrationFG@oic.it)



Via degli scipioni 142

tel.: 06.92916063

Fax: 06.36006316

## MAIN PERSONAL INFORMATION

Please complete this form for ONE participant in block letters.

Prof.  Dr.  Mr.  Mrs.  male  female

Last name \_\_\_\_\_ First name \_\_\_\_\_

Institution \_\_\_\_\_ Unit, suite, floor \_\_\_\_\_

## CONTACT INFORMATION

Postal Address \_\_\_\_\_

Post code \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_

E-mail (*mandatory*) \_\_\_\_\_

Telephone \_\_\_\_\_ Telefax \_\_\_\_\_

Fiscal Code (for Italian participant only) \_\_\_\_\_

**INVOICING ADDRESS:** \_\_\_\_\_

(address, zip code, city, country, Codice fiscale)

Fiscal / VAT code (**MANDATORY FOR COMPANIES**) \_\_\_\_\_

I accept to receive the invoice:  by email as a PDF file - or -  hard copy by post

## CONGRESS REGISTRATION

The latest date for pre-registration is **15 April, 2012** After this date, please register on site.

	REGISTRATION FEE (VAT included)
<input type="checkbox"/> Special Reduced fee for members of Associazione degli Avvocati Romani	€ 150,00
<input type="checkbox"/> Congress Dinner	€ 110,00

### Congress Registration fee includes

- Attendance to all Scientific Sessions
- Industrial Exhibition
- Congress kit and name badge
- Certificate of Attendance
- Lunch on 27 April
- Coffee Breaks on 27 and 28 April

Please repeat your Surname \_\_\_\_\_ Name \_\_\_\_\_

## HOTEL RESERVATION

Room reservations can only be processed once your first down-payment is received.

The congress secretariat will confirm the booking and the hotel details according your choice. Balance is required by **20 March 2012**.

**Average prices (EUR €, including breakfast and taxes, VAT included)**

Categories	Single occupancy min/max	Double for single use occupancy min/max	Double Occupancy min/max	Down Payment per room € 20,00 booking fee incl.
4 stars		€ 115,00-155,00	€ 140,00-190,00	€ 210,00
3 stars	€ 70,00	€ 80,00-115,00	€ 95,00-130,00	€ 150,00

**Hotel rooms are subject to availability.**

Type of room requested

No. \_\_\_\_\_ double room(s)

No. \_\_\_\_\_ single/double room(s) for single use

Smoking room     Non-smoking room

Date of arrival \_\_\_\_\_ April 2012

Date of departure \_\_\_\_\_ April 2012

Length of stay \_\_\_\_\_ nights

Arrival after 18.00 hrs  yes  no

## SUMMARY

I herewith enclose the following amounts:

- Reduced Registration Fee for Members Associazione Avvocati Romani € \_\_\_\_\_

- Congress Dinner € \_\_\_\_\_

- Hotel Accommodation (including € 20,00 booking fee) € \_\_\_\_\_

**TOTAL TO BE PAID** € \_\_\_\_\_

## PAYMENT

◆ Please charge the following credit card:

VISA

MASTERCARD

AMERICAN EXPRESS

Card no. \_\_\_\_\_ Expiry date \_\_\_\_\_

Security code (last 4 digits on the front of the card, AMERICAN EXPRESS only) \_\_\_\_\_

Security code (last 3 digits on the back of the card, VISA and MASTERCARD only) \_\_\_\_\_

Cardholder's name \_\_\_\_\_

Overall amount (total) to be charged in EUR (€) \_\_\_\_\_

**I hereby authorise the use of my credit card for the purposes specified above and, in case of hotel reservation, to charge the remaining balance by 20 March 2012**

Date \_\_\_\_\_

Signature \_\_\_\_\_

◆ Payment by bank transfer:

Account name: OIC srl

Bank: Cassa di Risparmio di Firenze, Ag. 1, Viale Matteotti 20r, 50132 Florence, Italy

IBAN Code: IT39 S061 6002 8010 0001 0628 C00 – SWIFT Code: CRFiiT3F

No charges to the recipient.

A copy of the bank transaction has to be sent together with the registration form to OIC Srl by fax or e-mail.

The sender's full name and address must be clearly stated in the transfer order as well as the payment purposes.

## IMPORTANT NOTICE

Registrations can be considered valid only after receipt of the payment.

Forms without proof of payment will not be processed.

**DECLARATION - Your signature is mandatory in order to process your registration!**

According to the art. 13 D. Lgs. 196/2003, OIC srl and OIC Way srl are authorised to use my personal data for purposes connected to Congress management. I also confirm that I have understood the cancellation, payment and refund policy for individual registration as well as the hotel reservation terms and conditions specified in the announcement.

Date \_\_\_\_\_

Signature \_\_\_\_\_