

**REGISTRATION FORM**

Last Name		
First Name		Title: _____
Institution:		
Address		
PostalCode	City	Country
Telephone		FAX
Email		
Specialty		
IALMS Member		

It is my intention to attend *Laser Florence 2008, October 31<sup>st</sup> - November 1<sup>st</sup>* as follows  
Please indicate your choice(s) by ticking the appropriate box(es)

**SUBSCRIPTION FEE (VAT 20% included)**

<i>MAIN MEETING</i>	<b>SPEAKER or IALMS, ISLSM, IPTA Member</b>	<b>Non- Member</b>	<b>Accompanying person, Student, Nurse, Aesthetic Operator</b>
<b>Full Congress</b>	<b>EURO 550</b>	<b>EURO 650</b>	<b>EURO 400</b>
<b>One Day</b>	<b>EURO 500</b>	<b>EURO 550</b>	<b>EURO 350</b>
<b>Course</b>	<b>EURO 900</b>	<b>EURO 1100</b>	<b>EURO 540</b>
<b>TOTAL</b>			

The **Meeting** Registration fee includes the entrance, volume 2009 (four issues) of peer Journal *Lasers in Medical Science*, official journal of the IALMS; free Laser Florence 2008 Abstracts book printed in a special issue of the same journal, a meeting bag with pen & notes, Welcome Cocktail, coffee-break and a light-lunch for the days of the Conference/Course.

The **Courses** registration fee include presentation of videotapes, live demonstration, and **discount of 20 % for the subscription fee at Laser Florence 2008 Meeting.**

**NOTE:**

**THE SUBSCRIPTION FEE WILL INCREASE BY 20% AFTER JULY 30<sup>TH</sup>, 2008**

**SUBSCRIPTION FEE BY E-MAIL OR POSTAL CARD WILL ACCEPT TILL OCTOBER 15<sup>TH</sup>, 2008**  
**THE SUBSCRIPTION FEE WILL INCREASE BY 50% DURING THE MEETING DAYS**

**Return of total subscription fee is possible until August 30<sup>th</sup>, 2008**

(Except for 30% for VAT, bank and postal expenses).

*After August 30<sup>th</sup>, 2008 the cancellation will NOT give return of subscription fee.*

I send you with this form the total amount of the relevant fees (Please refer to the table on the following page)  
 Payment may be made (**In Euros**) as follows:

- By certified bank cheque or draught, in favour of Laser Florence 2008
- By international money order in favour of Laser Florence 2008
- By direct bank transfer in favour of Astral srl (see details below)
- By credit card (fill in details below)

With the cheque No: \_\_\_\_\_ of the Bank: \_\_\_\_\_

Or the copy of the cheque No: \_\_\_\_\_ of the Bank \_\_\_\_\_

Or: I have made a bank transfer on (date): \_\_\_\_\_ From (Name of your bank) \_\_\_\_\_

(An official copy of the bank transfer should be enclosed with your reservation form)

**Banco Posta Firenze, account Astral Srl, IBAN IT44 M 07601 02800 000081938920**

**BIC Code BPPIITRRXXX**

Make bank transfers payable to

**ASTRAL - BORGO PINTI, 57 I - 50121 FIRENZE**

**FAX 003905539069632 - E-MAIL: [attendee@laserflorence.org](mailto:attendee@laserflorence.org)**

**Or: I wish to pay by credit card, WITH SURCHARGE OF 5 %**

Type of Card (MASTERCARD, VISA, DINERS, AMEX)
Card Number
Expiration Date: _____ Security Code _____
Cardholder's Signature

### HOTEL ACCOMMODATION

Arrive	Departure	Type of room	First Class****	2 <sup>ND</sup> Class ***
		Double Room	EURO 250	EURO 180
		*Douse Room	EURO 210	EURO 150
		Single Room	EURO 180	EURO 130

\*Douse room is double room for single use

- **Deadline for Hotel Reservation: OCTOBER 15<sup>th</sup>, 2008**

Please, send your fax or e-mail to ASTRAL for the reservation room before the deadline, with your number and type of Credit Card to confirm the reservation. **The Hotel will confirm your reservation directly with you.**

Mr. Diego can give you further details: [diego@laserflorence.org](mailto:diego@laserflorence.org)

SOCIAL PROGRAM		Number of Participants
WELCOME COCKTAIL	FREE	
GALA DINNER WITH MUSIC and SHOW	EURO 200	