



7th INTERNATIONAL S.I.A. MEETING

24th-25th November
VENICE - Italy

2016

• RE-LIVE SURGERIES
• LECTURES

Arthroscopy
Arthroplasty
Advanced
Technologies

HIP
KNEE
SHOULDER

ELBOW
WRIST
ANKLE
NEW TECHNOLOGIES
SPORTS MEDICINE
GROIN PAIN
REHABILITATION



www.meetingsrl.eu
For further informations please visit our website



www.siaonline.net
For further information please visit our website

REGISTRATION FORM

Fill in and send this form to:

Meeting Srl
Via Villalta, 32 - 33100 Udine (UD)
Tel. +39 0432 179 0500 Fax +35 0432 17 0854 E-mail: sia@meetingsrl.eu

SURNAME _____ NAME _____

Address _____

Country _____

Date and place of birth _____ Fiscal Code (if Italian) _____

Mobile Ph. _____ E-mail _____

INVOICE DETAILS

NAME SURNAME/COMPANY NAME _____

ADDRESS _____

TOWN _____ COUNTRY _____ POSTAL CODE _____

VAT NUMBER _____ E-MAIL _____



REGISTRATION FEES

	Before 15th September, 2016	After 15th September, 2016	On site
Full registration fee	€ 550,00*	€ 650,00*	€ 700,00*
SIA Member	€ 300,00*	€ 350,00*	€ 400,00*
Foreign participant	€ 550,00*	€ 650,00*	€ 700,00*
Resident / student	€ 50,00*	€ 50,00*	€ 50,00*
Physiotherapist	€ 100,00*	€ 120,00*	€ 150,00*
Accompanying person	Accompanying fee on request	Accompanying fee on request	Accompanying fee on request

VAT (22%) not included*

PAYMENT DETAILS

BANK TRANSFER TO: **Meeting Srl**

BANK: **Cassa di Risparmio Friuli Venezia Giulia**

IBAN : **IT86X0634012327100000002195**

BIC: **IBSPIT2U**

REASON: **Surname, Name - SIA MEETING REGISTRATION**

ACCOMODATION

For accommodation please contact HOTEL PALAZZO GIOVANELLI (walking distance from Meeting Venue) and refer to the 7th International SIA Meeting

HOTEL PALAZZO GIOVANELLI & GRAN CANAL

Santa Croce 2070/a

330135 - Venice

Tel. +39 041 5256040

www.hotelpalazzogiovanelli.com

Date _____

Signature _____

"In compliance with the Italian legislative Decree no. 196 dated 30/06/2003, I hereby authorize you to use and process my personal details contained in this document."

