



Company:

SIS CODE Number:

Contact name:

Phone:

E-mail address:

(Place & date) .....

**OBJECT: Request for AIFA procedure for the BCa, Torino (Italy) May 17-18, 2019**

We authorize EMILIA VIAGGI CONGRESSI & MEETING Srl to insert our SIS code on AIFA & Ministry of Health platform at least 70 days before the Congress **(March 8<sup>th</sup>, 2019)**

We enclose a copy of the payment for Emilia Viaggi fee Euro 500+22% VAT (= Euro 610,00)

Bank account headed to Emilia Viaggi Congressi & Meeting:

BANCO S.GEMINIANO E S. PROSPERO  
IBAN: IT 47 Y 05034 36671 000000002021  
SWIFT CODE: BAPPIT21U25  
Object: AIFA + Company name + Country of origin

Emilia Viaggi Congressi & Meeting fee must be invoiced as follows:

Name of Pharmaceutical Company:  
Postal Address:  
ZIP Code/City/State:  
VAT number or Fiscal Number:

We accept that Emilia Viaggi is not responsible for any incorrect, insufficient, delayed documents not due to Emilia Viaggi fault, or negative answer received from AIFA commission. Fees are always not refundable.

Signature.....

**(to be signed by March, 8<sup>th</sup> 2019)**

**EMILIA VIAGGI CONGRESSI & MEETING**

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