University of Padua – cirMYO Interdepartmental Research Center of Myology

2010Spring PaduaMuscleDays

Terme Euganee, Padova (Italy), April 22-24, 2010

Terme Euganee Conference Hall, Hotel Augustus, Viale Stazione 150 - 35136 Montegrotto Terme (Padova), Italy
Tel +39 049 793 200 - Fax +39 049 793518 - http://www.hotelaugustus.com/english/pages/hotel_augustus.php

Organizers: Helmut Kern, Ugo Carraro - *Topics:* RISE2-Italy Trial – Polymyositis – Quantitative Imaging of Muscle Tissue

REGISTRATION

Last Name ..... **First Name** .....
Department .....
Address .....
..... **ZIP**..... **City** .....
Province/State ..... **Country** .....
Phone ..... **Fax** .....
E-mail .....

Accompanying Person(s) Name ..... Surname .....

Registration € 120.00

Accompanying Persons Name …….. … Surname …… € 30.00

ACCOMMODATION

Arrival Date : mm/dd/yy .....
Departure date: ..... **Number** of nights .....

Hotel Augustus
Four stars Hotel (**per person**)

Double room per person	Single room per person
Three Days Full Board € 240.00 (extra days € 80.00)	**Three Days Full Board** € 280.00 (extra days € 90.00)

Sharing room with
……

Total Payment € ……

For further information on: Airport Transfers, Other Hotels, pre- and post-Conference Tours (Venice, Verona, Dolomites, Florence, etc.), please contact the Travel Agency
Luz de Luna, Via dei Soncin 41 – I-35122 Padova, ITALY
Phone + 39 049 8774705 - Fax +39 049 8774733 - E-mail: luzdeluna@luzdeluna.it

Please print the FORMS for REGISTRATION, ACCOMMODATION & PAYMENTS, and FAX +39 049 8276040 or E-mail ugo.carraro@unipd.it with Bank Transaction Details to:

Ugo Carraro
Department of Biomedical Sciences, Viale G. Colombo 3, I-35121 Padova, Italy
Phone +39 (0)49 8276030 mail to: ugo.carraro@unipd.it

Date: ..... **Signature:** .....

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PAYMENT

Last Name ..... **First Name** .....
Department .....
Address .....
..... **ZIP**..... **City** .....
Province/State ..... **Country** .....
Phone ..... **Fax** .....
E-mail .....

Accompanying Person(s) Name ..... Surname .....

Payment method:

Credit Card

VISA @ AMEX @ MASTERCARD @ MAESTRO @

Credit Card Number:
Surname ..... Name ..... ExpiryDate: .....

Bank transfer

Bank: Cassa di Risparmio di PD e RO - Filiale di Montegrotto Terme (PD)
Viale Stazione, 16 - 35036 Montegrotto Terme (PD)
Account n: 1541300/. Beneficiary: Hotel Augustus Terme

ABI: 06225 CAB: 62680 - BIC/SWIFT: IBSP IT 2P
IBAN: IT 75V0622562680074015413 00W

Please print this FORM, fill it and, together with Bank Transaction Document, by:
FAX to: +39 049 8276040, or E-mail to: ugo.carraro@unipd.it,

or send to: **Prof Ugo Carraro**
Department of Biomedical Sciences
Viale G. Colombo 3
I-35121 Padova, Italy
Phone +39 (0)49 8276030; FAX +39 049 8276040
E-mail: ugo.carraro@unipd.it

Date: ..... **Signature:** .....