



2016Spring PaduaMuscleDays - April 13 to 16

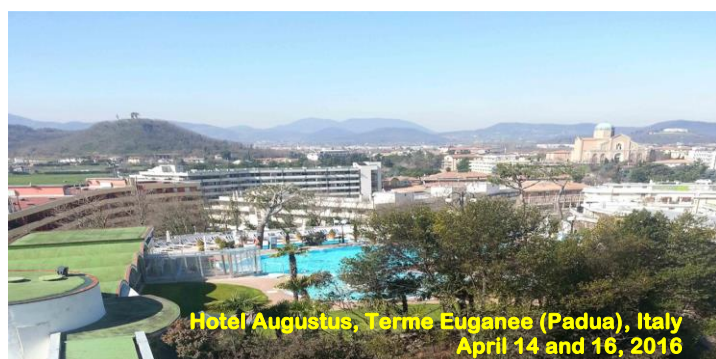
Muscle Decline in Aging and Neuromuscular Disorders Mechanisms and Countermeasures

Terme Euganee, Padova (Italy), April 13 - 16, 2016

Hotel Augustus, Viale Stazione 150 - 35136 Montebelluna Terme (Padova), Italy & Villa dei Vescovi, Luvigliano di Torreglia (Padova), Italy

Phone +39 049 793 200 - Fax +39 049 793518 - http://www.hotelaugustus.com/english/pages/hotel_augustus.php - E-mail: info@hotelaugustus.com

Organizers: Ugo Carraro, Helmut Kern, Christiaan Leeuwenburgh, Werner Lindenthaler, Francesco Piccione, Carlo Reggiani, Marco Sandri



REGISTRATION

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

REGISTRATION FEES

Advanced Registration	€	150.00
On-Site Registration (Cash)		
Three Days Registration	€	180.00
Two Days Registration	€	120.00
One Day Registration	€	60.00
Students and young scientists		Free

Accompanying Person Last Name First Name € 50.00

Date: Signature:

I confirm that I am aware that Lecturers, Speakers and Audience of the 2016Spring PaduaMuscleDays will be video recorded to allow Internet circulation of the Meeting Sessions. Further, selected materials will be edited to document the translational potentials of the information.

YES NO Confidential data presentation

Date: Signature:



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ACCOMMODATION

Arrival Date: (mm/dd/yyyy) **Departure:** **Number of nights:**.....

Hotel Augustus (Four stars Hotel)

Viale Stazione 150 - 35136 Montegrotto Terme, Padova, Italy

Phone +39 049 793 200 - Fax +39 049 793518 – E-mail: info@hotelaugustus.com

http://www.hotelaugustus.com/english/pages/hotel_augustus.php

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 €

Please fill the FORMS for REGISTRATION & ACCOMMODATION and Email to:

Ugo Carraro

CIR-Myo Translational Myology Lab, Department of Biomedical Sciences

Via Ugo Bassi 58/B, 35131 Padova, Italy - Email: ugo.carraro@unipd.it

Date: **Signature:**



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PAYMENT

Last Name First Name

Department

Address

.....ZIP..... City

Province/State Country

Phone Fax

Mobile E-mail

Accompanying Person(s) Name Surname

Payment method

Credit Card: VISA @ AMEX @ MASTERCARD @ MAESTRO @

Credit Card Number:

Surname Name ExpiryDate:

Date: Signature:

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 75V062256268007401541300W

Please print this FORM, fill it and,
together with the Bank Transaction Document,

E-mail to: ugo.carraro@unipd.it

Prof. Ugo Carraro
Department of Biomedical Sciences
Via Bassi 58/B I-35131 Padova, Italy
Phone +39 338 1575745