

HOTEL ACCOMMODATION FORM

To be sent by Fax to: +39 049 860 2389

Meet and Work - GENDEAF2005

Family Name _____

First Name _____

Address _____

Postcode _____ City _____ Country _____

Phone _____ Fax _____

E-mail: _____ Accompanying pers.: _____

Hotel rates (IN EURO - VAT INCLUDED)

HOTEL	B B (Bed and Breakfast) - daily prices per room	
	DOUBLE ROOM FOR SINGLE USE	DOUBLE ROOM
4 STAR HOTEL	130,00	160,00
3 STAR HOTEL	60,00 - 80,00	90,00 - 110,00

Please reserve:

no. _____ double room no. _____ double room for single use

In Hotel: 4 Stars 3 Stars

Arrival date: _____ Departure date: _____

Other requests: _____

First night hotel deposit A deposit corresponding to one night in the hotel category selected is requested, plus a handling fee of 15,00 €.

• **By Credit Card** I authorise Meet and Work to charge to my **MASTER CARD / VISA** the total amount due. Credit Card No _____

Expiry date _____

Name of credit card holder if different from the delegate name written on the form _____

• **By Bank Draft** payable to: MEET AND WORK srl - GENDEAF2005

I.B.A.N.: IT72Y 06225 62322 07404022668H

S.W.I.F.T. address: CRPD IT 2P

Cassa di Risparmio di Padova e Rovigo - Agenzia nr. 1 di Abano

ABI 6225 - CAB 62322 - account no.: 0740/4022668/H

Be sure to print your name on the bank draft. A copy of the money order must be attached to the registration form. Please note that all bank charges for the bank draft **must be cleared by the participant.**

Signature _____ Date _____

Following the provision of law No.196/2003, please be informed that the personal data provided in this registration form will be used exclusively for information about the event mentioned in the form.

General Information

For updates and general information on the conference as well as download of abstract, registration and hotel accommodation forms please visit the website:

www.gendeaf-congress2005.it

Abstracts

Original contributions on any of the topics of the meeting are welcome. The method of presentation will be oral communication or poster.

The conference abstracts - "long abstracts" of 2 pages - will be published in a supplement of "**Audiological Medicine**" which will be sent to all registered participants after the Conference.

The abstract form can be downloaded from the conference website.

Abstract submission deadline	February 3, 2005
Notification of acceptance	February 8, 2005
Registration deadline for Authors	February 15, 2005



E.C.M. (for Italian participants only)

This ECM activity has been arranged in accordance with the indications of the ECM National Committee of the Italian Ministry of Health, through the collaboration of MEET AND WORK srl with Prof. A. Martini (University of Ferrara) and Prof. P. Gasparini (2nd University of Napoli).

Accreditation has been requested for the following categories taking part in the Conference:

- physicians specialized in audiology-phoniatrics, medical genetics, otolaryngology and pediatrics
- hearing aids technicians

Provider accreditation number: 9576

Gendeaf Secretariat

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Organizing Secretariat


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European Commission



European Commission,
Fifth Framework Programme,
Quality of Life and
Management of Living
Resources Programme



Amplifon
Centre for Research
and Studies



GENetic DEAFness

www.gendeaf-congress2005.it

Genes, Hearing and Deafness

from Molecular Biology to Clinical Practice

final meeting of
the European Thematic Network
on GENetic DEAFness

March 17-19, 2005

Caserta - Italy

Conference Centre
Grand Hotel Vanvitelli



Royal Palace of Caserta