

# 10<sup>th</sup>

International  
Symposium on  
Neuropsychiatry & HIV



## Registration Form

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### Attendee Information

Courtesy (\*)  
First Name (\*)  
Last Name (\*)  
E-mail Address (\*)  
(to send information  
and certificate)

### Professionals Data

Institute (\*)  
Work Center (\*)  
Department (\*)  
Postal Address  
City  
State-Country  
Postal Code

### More Information

**Important:** Indicate in the concept of the bank transfer the name of the attendee registered.

#### Data for bank transfer:

C&C - Symposium Neuropsychiatry & HIV  
Caixabank, S.A.  
IBAN account: ES6721003447712299982884.  
SWIFT: CAIXAESBBXXX

### Contact person for this registration

Contact person (\*)  
E-mail Address (\*)

### Registration fee

Standard	500 € + 21% VAT – 605,00 €
Psychologist/Student	250 € + 21% VAT – 302,50 €

### Billing Information

Name  
Postal Address  
City  
State-Country  
Postal Code  
Tax Id. Number

Please, send this form whit a copy of bank transfer to  
[info@neuropsychiatry-hiv.com](mailto:info@neuropsychiatry-hiv.com)

### Cancellation charges

The following fees will be charged to cover expenses.

- Until April 30th, 2017, no cancellation fee.
- From May 1s to May 15th, 2017, 50% cancellation fee.
- From May 16th, 2017, 100% cancelation fee.