12th International Congress on Pelviperineology and Regenerative Medicine



ACCOMMODATION FORM

Surname :		Name :
Title :		. Mr: Ms:
Institution / Comp	pany :	Department :
Adress :		
City:	Postal Code :	Country:
Tel :	Fax :	E-mail :
	AC	COMMODATION
Lazzoni Hotel		
Single Room	480 EU	RO + VAT %12 = 540 EURO
Double Room	540 EURO + VAT %12= 595 EURO	
2% accommodation tax and 10% VAT are added to the accommodation rates.		
*The room rates m	nentioned above include 2 nights bed + breakfast acco	ommodation. (October 31,2025 check in, November 2,2025 check out.)
Accommodation fee		nd the accommodation form and proof of payment must be sent by e-mail to
	R89 0006 7010 0000 0022 2861 86 IBA	N (EUR) TR92 0006 7010 0000 0022 2832 22 Swift Code YAPITRISXXX
CREDIT CARD :	□ VISA □ MASTERCARD CARD	NUMBER :
VALIDITY UNTIL: .	(Month / Year) CVC2	:
I hereby authorize FIG	GUR Congress & Organization to charge the above mentioned amo SURNAME	ount from my credit card. I fully accept the stated booking/alteration / cancellation conditions. NAME SIGNATURE
*Please also includ	ide a double sided photocopy of your credit card to this for	m.
If the invoice wil	ll be issued on behalf of the company;	
Company Name:		<u> </u>
Invoice Address:		<u>.</u>
Phone Number:	Tax Office	Tax Identification Number
If the invoice will Name-Surname	ll be issued on behalf of the individual;	
ID Number:		
Province/ Country:	:	Phone Number:
Please quote delega	ate name as areference on any remittance.	

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Delegates requiring invoices should provide a purchase order number and invoice department address if this is different from the address for correspondence on the registration form.

Accommodation Cancellation: After August 31, 2025, there will be no congress registration cancellation, but name changes can be made.

