

# INTERNATIONAL CONGRESS

RIMINI, MAY 25<sup>th</sup> - 27<sup>th</sup>, 2018

Please send your registration before **April 10<sup>th</sup>, 2018** or not later than **May 5<sup>th</sup>, 2018**

- **ON LINE** <http://registration.evsl.it/> or
- **BY FAX** 0039 0372 403512 or **E-MAIL:** info@scivac.it
- **BY MAIL TO:** SCIVAC INTERNATIONAL CONGRESS RIMINI 2018

Paola Gambarotti Registration Secretary - Via Trecchi, 20 - 26100 Cremona - ITALY


PLEASE FILL THE FORM IN CAPITAL LETTERS

## CONGRESS FEES

Please tick ✓ day/s and corresponding fee

	Friday, May 25 <sup>th</sup>	Saturday, May 26 <sup>th</sup>	Sunday, May 27 <sup>th</sup>	Early bird fee up to <b>April 10<sup>th</sup></b> Euro	Regular fee from <b>April 11<sup>th</sup></b> to <b>May 5<sup>th</sup></b> Euro	On site fee Euro
• SCIVAC Members or foreign Veterinarians • SIVAE Members	Whole Congress			<input type="checkbox"/> 150,00	<input type="checkbox"/> 185,00	<input type="checkbox"/> 235,00
	Friday	Saturday	Sunday	<input type="checkbox"/> 95,00	<input type="checkbox"/> 130,00	<input type="checkbox"/> 180,00
	Daily rate					
• Foreign Students or Foreign Veterinarians graduated in 2017-2018	Whole Congress			<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
• Exhibitors, Visitors, Accompanying persons	Whole Congress ONLY EXHIBITION AREA			FREE		

### REGISTRATION FEES INCLUDE

- Congress Bag
- Simultaneous translation from Italian into English as detailed in the program 
- Entrance to the Exhibition area
- Certificate of attendance

## SESSIONS WITH LIMITED ENROLLMENT

Please tick (✓) Advanced Session or the Workshop you interested in

- Lectures will be in original language without translation.
- Advanced Sessions and Workshops are for a limited number of participants who have a special interest.
- Advanced Sessions and Workshops tickets are available only for delegates registered to the Congress (FULL OR DAILY).
- Students CANNOT register to the Sessions listed hereafter.

Friday May 25 <sup>th</sup>	IN-DEPTH SESSION CARDIOLOGY	Early bird fee up to May 5 <sup>th</sup>	Regular fee from May 6 <sup>th</sup> and on site
Time 14:00-16:40 ROOM DELLO SQUERO	REVIEW ON CANINE AND FELINE DIASTOLOGY <i>Speaker: Karsten Schober, DVM, PhD, Dipl ECVIM-CA (Cardiology), USA</i> Language: <b>ENGLISH</b> Number of participants: 30	<input type="checkbox"/> € 30,00	<input type="checkbox"/> € 50,00
Saturday May 26 <sup>th</sup>	IN-DEPTH SESSION ORTHOPAEDICS	Early bird fee up to May 5 <sup>th</sup>	Regular fee from May 6 <sup>th</sup> and on site
Time 9:20-12:20 ROOM DELLO SQUERO	PROGRESS IN ORTHOPAEDICS <i>Speakers: Brian Saunders, DVM, PhD, Dipl ACVS, USA</i> Language: <b>ENGLISH</b> Number of participants: 30	<input type="checkbox"/> € 30,00	<input type="checkbox"/> € 50,00
Saturday May 26 <sup>th</sup>	IN-DEPTH SESSION REPRODUCTION	Early bird fee up to May 5 <sup>th</sup>	Regular fee from May 6 <sup>th</sup> and on site
Time 14:00-16:40 ROOM DEL FARO	CHILD AND DOG NEONATOLOGY. A COMPARISON: WHAT CAN WE LEARN FROM THE HUMAN MEDICINE <i>Speakers: Michela Beccaglia, Med Vet, PhD, Dipl ECAR, Milano</i> <i>Paulo Borges, DVM, Dipl ECAR, Phd, France</i> <i>Paola Di Nicola, MD, Pediatrics Clinical Fellow, Torino</i> <i>Maria Carmela Pisu, Med Vet, Dipl ECAR, Torino</i> Language: <b>ENGLISH</b> Number of participants: 30	<input type="checkbox"/> € 30,00	<input type="checkbox"/> € 50,00

## V MANAGEMENT FORUM ANMVI

Saturday May 26 <sup>th</sup>	MAIN SESSION	Early bird fee up to May 5 <sup>th</sup>	Regular fee from May 6 <sup>th</sup> and on site
Time 9:20-16:40 ROOM DEL PORTO	RIGHT RELATIONSHIPS, BETTER RESULTS. THE POWER OF ALIGNING YOUR METRICS AND YOUR STAFF <i>Speakers: Pere Mercader, DVM, MBA, DAS, Spain</i> <i>Miguel Angel Diaz Sanchez, DVM, Spain</i>	<input type="checkbox"/> € 30,00	<input type="checkbox"/> € 50,00

# BABY CLUB REGISTRATION

The form has to be sent within May 5<sup>th</sup>, 2018.

Registrations on site will be accepted ONLY in case of availability

DATE .....

The undersigned (family name and first name) .....

Place and date of birth .....

Address ..... Zip Code City ..... Country .....

Phone number ..... Mobile phone .....

As father/mother of the kids listed below entrust his/her/their care to the Baby Club Service.  
The parent declares that the child does not need any medical treatment.

Child: Name ..... Surname .....

Place of birth ..... Date of birth .....

Child: Name ..... Surname .....

Place of birth ..... Date of birth .....

Signature .....

## TIME AND COST

FRIDAY, MAY 25 <sup>th</sup>	SATURDAY, MAY 26 <sup>th</sup>	SUNDAY, MAY 27 <sup>th</sup>
Morning 8:30-13:00 ..... € 20,00 <input type="checkbox"/>	Morning 8:30-13:00 ..... € 20,00 <input type="checkbox"/>	Morning 8:30-13:00 ..... € 20,00 <input type="checkbox"/>
Afternoon 13:45-18:30 ..... € 20,00 <input type="checkbox"/>	Afternoon 13:45-18:30 ..... € 20,00 <input type="checkbox"/>	Afternoon 13:30-16:30 ..... € 20,00 <input type="checkbox"/>
Morning and Afternoon ..... € 25,00 <input type="checkbox"/>	Morning and Afternoon ..... € 25,00 <input type="checkbox"/>	Morning and Afternoon ..... € 25,00 <input type="checkbox"/>

