

4th Schizophrenia International Research Society Conference

Fostering Collaboration in Schizophrenia Research

5-9 April 2014 | Firenze Fiera Congress Center | Florence, Italy

2014 Congress Registration and Housing Form

Plenary Speakers

Please complete the Registrant Information, Congress Registration, Additional Registration Options, Congress Housing Form and Credit Card Information and return it to the SIRS Executive Office.

Email to: ewasternack@parthenonmanagementgroup.com by December 6, 2013

Fax to: +001 615 523 1715

Registrant Information

Designation: Prof. M.D. Ph.D.

Surname: _____

First Name: _____

Institution: _____

Address: _____

Zip-Postal Code: _____

City, State: _____

Country: _____

Job Title: _____

Phone: _____

(e.g.: +39 055 33611)

Fax: _____

(e.g.: +39 055 3033895)

Registrant's Email: _____

VAT Number/Fiscal Code: _____

(VAT for European participants only and fiscal/VAT code for Italian Participants only)

Emergency Contact and Phone: _____

Congress Registration

Type of Registration- Waived Speaker Registration

Additional Registration Options:

Cognition Satellite Meeting- General 125,00 Euros
Saturday, 5 April 2014

Cognition Satellite Meeting- Industry 150,00 Euros
Saturday, 5 April 2014

Additional Reception Ticket(s)- 60 Euros each # _____

Additional Reception Ticket 1:

Family Name/Surname: _____

First Name: _____

Additional Reception Ticket 2:

Family Name/Surname: _____

First Name: _____

Additional Reception Ticket 3:

Family Name/Surname: _____

First Name: _____

Congress Housing

Please complete the information below with arrival and departure dates, number of persons, number of nights and special requests. Check the square boxes next to your hotel choice. The Society will pay for two night's accommodations and taxes. The Executive Office will make hotel reservations for Plenary Session Speakers. Hotels require a credit card guarantee and one night's deposit if the reservation is for more than two nights.

Number of Persons: _____

Number of Nights: _____

Arrival Date: _____

Departure Date: _____

Special Requests: _____

Hotel Lungarno, 4- Star Hotel – 1st Choice 2nd Choice 3rd Choice

17 minutes walking distance to the Congress Center. € 230,00 Double Room € 210,00 Double Room for Single Use

Hotel L'Orologio, 4-Star Hotel – 1st Choice 2nd Choice 3rd Choice

10 minutes walking distance to the Congress Center. € 250,00 Double Room € 205,00 Double Room for Single Use

Credit Card Information

Charges will apply for satellite meeting registration, additional reception tickets, and one night hotel deposit if the reservation is more than two nights paid by Society. Registration fees will be charged by NeT Congress and Education. Hotel deposit will be charged by individual hotels.

Name on Card: _____

Type of Card: _____

Card Number: _____

Billing Address: _____

Zip-Postal Code: _____

City, State: _____

Province (Italian participants only)

Amount of debit authorized € _____

**Please note that all rates are inclusive of Value Added Tax (VAT). Registration to the Congress will be guaranteed on receipt of registration fee.*

According to Italian Law 675/96, I authorize NeT Congress and Education to use my personal data for purposes connected to the Congress Activities

Date: _____ Signature: _____