

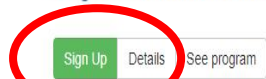


REGISTRATION GUIDE

1. Visit the online registration form <http://iscrizioni.incentivescongressi.com> and sign up to the conference.



23rd ESN Biennial Meeting – 7th Conference on Molecular Mechanisms of Regulation in the Nervous System



From 01/09/2019 to 04/09/2019

Venue: Milano



2. Create your profile. Complete the **required fields**.

Title	Last Name *	First Name *
<input type="text" value="Dr."/>	<input type="text" value="Luca"/>	<input type="text" value="Rossi"/>
Email *		
<input type="text" value="lucarossi7@hotmail.it"/>		
Gender *		Language *
<input type="text" value="Male"/>		<input type="text" value="English"/>
Date of Birth *		City of Birth *
<input type="text" value="05/03/1953"/>		<input type="text" value="Roma"/>
Province of Birth *		Country of Birth *
<input type="text" value="Roma"/>		<input type="text" value="Italy"/>
CF/SSN *	SSN	VAT Code
<input type="text" value="SSN"/>	<input type="text"/>	<input type="text"/>
Business Name *		Codice Univoco *
<input type="text"/>		<input type="text"/>

* Required

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3. If you are not an Italian resident, please flag on **SSN** to turn off the Fiscal Code field.



4. Insert the discipline associated to your profile.
If you don't find your **profession** in the list, please select "Other".

Profession

The discipline associated to your profile can be used during registration to filter the available event's fees.

If you don't find your profession in the list below, please select the profession "Other".

Profession

* Required

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5. Insert your **Residence, Professional** and **Contact Information**.

Residence Information

Address

Via Flaminia 196

City

Roma

ZIP Code

125096

Country

Italy

Province

Roma

Professional Information

Job Type

Agreed Employee

Hospital/Company/Institution

Ospedale San Camillo

Department

Radiologia

Hospital/Company/Institution Address

Via Cesare Battisti 12, Rome

Contact Information

Phone Number

3408423099

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6. Insert a **password** or leave the field empty to generate a random password

Password

Leave the password field empty to get a random password

Password

Re-enter your password

7. Please read the information about the **Declaration of consent** and then accept to continue the registration

Declaration of Consent

Please read relevant information [here](#).

Application for registration

I agree that my personal data is used for the purposes mentioned in point (a) *

Information and communications

I agree that my personal data is used for the purposes mentioned in point (b) *

8. Click on **Continue**

Event

23rd ESN Biennial Meeting – 7th Conference on Molecular Mechanisms of Regulation in the Nervous System



Continue

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9. If you are an **ESN member**, please flag **YES** and enter your **last name** and **first name**.

Member Verification

Member *

Yes

Insert last name and first name. eg. "Smith John"

8. Flag **Yes** if you want to upload an **abstract**

Abstract Upload

Will you upload an abstract? *

Yes

9. Associate a discipline to your profile to filter the fees available for this event.

Professions

Please associate a new discipline to your profile, or select a discipline to use to filter the fees available for this event.

Add Profession

-- Empty --

Add Profession

Other

Professor

Use Selected Profession

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10. Select the fee you want to subscribe to

Select the fee you want to subscribe to

Select the fee you want to subscribe to or edit the main discipline to see more fees.

Registration fee

Registration fee

Select Fee More Information

👤 Profession: Professor
📅 Deadline: 31/05/2019
💰 Non-member Fee: 300.00 €
💰 Non-member Fee + Abstract: 300.00 €
💰 VAT: 22 %

Chair/Speakers/Committees Registration

Chair Registration

Select Fee

👤 Profession: Professor
📅 Deadline: 01/08/2019
💰 Non-member Fee: Free
💰 Non-member Fee + Abstract: Free
💰 VAT: 0 %

11. Select the quote and click "yes" for **Attendance Certificate Requested**

Fees & Credits

Overview of selected quota.

Quote

€ 300.00

VAT rate

22

Job Type

Agreed Employee

Attendance Certificate Requested *

Yes

Notes

* Required

12. Add your **accompanying person**

📅 Sunday 01 September

Accompanying Person



Accompanying Person

Address: Italia

Date and time: 01/09/2019 - 10:00:00
04/09/2019 - 21:00:00

Register

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Please note: flag NO to “Participate” and just add your companion as follow

Price: 100 €

Participate * No

Please note: flag NO to “Participate” and just add you companion below

Last Name * Alessia First Name * Rossi

Confirmation

13. Confirm your participation in the Social Events: **Opening Reception, Conference dinner, Walking city tour** and add your accompanying person

Opening reception



Aperitif

Address: Italia

Date and time: 01/09/2019 - 19:30:00
01/09/2019 - 21:30:00

Register



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14. **Invoice Information.** Select **YES** only if the invoice data are different from registration data.

Invoice Information

Enter the billing information in the fields below.

Add Invoice information

Select YES **only if** Invoice data are different from registration data

Add Invoice information

Yes

Use previously entered data:

-- Empty --

Use

Or fill in the fields below...

Business Name

Fiscal Code

VAT Code

15. Select the **type of payment** (credit card or bank transfer) and Continue with the payment.

Payment type

Please select the type of payment from the list below.

Payment

CREDIT CARD

* Required

16 - Confirm your registration!

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