



**FORM ONE (of three)**

These forms can be submitted electronically via email, either by copying the forms directly to the text body of an email, or by sending the forms as an attachment. Complete each required form field by double-clicking the grey box and entering the information in the default box.

**IFKF CONFERENCE PARTICIPANT ELECTRONIC REGISTRATION FORM**

Please print clearly if completing form manually, or type in form as directed above

Full name <i>(last, first, middle initial)</i>	Enter your full name here and click OK.	
Degrees/Titles		
Are you a representative of IFKF member organisation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IFKF organisation name <i>if applicable</i>		
Your role/position in organisation		
Address of home or organisation represented	first address line	
	second address line, if any	
City		
State/Region/Province		Zip/Postcode
Country		
Home phone direct <i>(inc country code)</i>		
Work phone direct <i>(inc country code)</i>		
Fax <i>(include country code)</i>		
Mobile/cell phone		
Email address		
Website		

Refer: [FORM TWO](#) - IFKF CONFERENCE REGISTRATION FEE PAYMENT

When completed, please e-mail [FORMS ONE, TWO, & THREE](#) to:

**Conference Administration:**  
Lisciotto Congressi  
Via Camiciotti, 8 98123 Messina  
Phone: +39-090-2982262 Fax +39-090-2929890  
Email: [meetings@lisciotto.it](mailto:meetings@lisciotto.it)



## 7th Annual International IFKF Conference

Russott Hotel - Giardini Naxos, Italy  
June 7-10 2006 inclusive

*FORM TWO (of three)*

### IFKF CONFERENCE REGISTRATION FEE PAYMENT

*Please check all fee boxes below that apply to your registration for the IFKF Conference*

Full registration fee for physicians	<input type="checkbox"/> €160	Covers IFKF conference registration and all conference catering including social functions
Full registration fee for IFKF members	<input type="checkbox"/> €160	Covers IFKF conference registration and all Conference catering including social functions
Registration fee for nurses and dieticians	<input type="checkbox"/> €40 <input type="checkbox"/> €80	½ day workshop only June 7-8 covers IFKF conference registration and all conference catering including social functions
Accompanying person Full name of accompanying person/s: 1. 2. 3.	<input type="checkbox"/> €80	Covers all IFKF social functions

**Total amount payable**                      € 00

**PAYMENT** *(Please mark the appropriate box to indicate your payment method)*

**By BANK TRANSFER to:**

Lisciotto Viaggi snc - Banca Intesa BCI Rete Comit - IBAN: IT 56 P 03069 16520 085066541088 - Swift Code: BCITITMM280

please send by fax the bank transfer copy—please add to the total amount due bank expenses both ends (covering originating and receiving bank charges)

**By CREDIT CARD** (please add a surcharge of 3% to payment by credit card):

I authorize Lisciotto Viaggi snc to charge €                      to my  Mastercard     Visa     American Express

Account number    enter 16-digit account number here    Expiration Date month    day (if denoted)    year

Name as it appears on your credit card: **enter name as it appears on card**  
*(please print, if completing registration form by hand)*

The invoice will be issued by the Conference Administration "Lisciotto Congressi"  
Confirmation of your registration will be sent by e-mail within 10 days.

Now refer: **FORM THREE** – IFKF CONFERENCE ACCOMMODATION BOOKING FORM  
*When completed, please e-mail FORMS ONE, TWO, & THREE to:*

**Conference Administration:**  
Lisciotto Congressi  
Via Camiciotti, 8 98123 Messina  
Phone: +39-090-2982262 Fax +39-090-2929890  
Email: [meetings@lisciotto.it](mailto:meetings@lisciotto.it)



FORM THREE (of three)

## CONFERENCE ACCOMMODATION BOOKING FORM

(Rates are per room per day—10% VAT included)  
<http://finance.yahoo.com/currency> - Currency Converter

Hotel	Room type	Number of rooms requested	Hotel	Room type	Number of rooms requested
Russott Hotel **** (conference venue)	<input type="checkbox"/> Single Room € 110 (B&B) <input type="checkbox"/> Double Room € 160 (B&B)		Touring *** 22 rooms	<input type="checkbox"/> Single € 60 <input type="checkbox"/> Double € 90 <input type="checkbox"/> Triple € 110	NOT AVAILABLE
Holiday Club Naxos ****	<input type="checkbox"/> Double for single use € 90 <input type="checkbox"/> Double € 130 <input checked="" type="checkbox"/> Flat for 3/4/5 persons € 50 <i>per person</i>		Villaggio Alcantara *** 15 rooms (dinner included, minimum stay 3 nights)	<input type="checkbox"/> Double for single use € 43 <input type="checkbox"/> Double € 86 <input type="checkbox"/> Triple € 107.50	NOT AVAILABLE
Caesar Palace ****	<input type="checkbox"/> Single € 64 <input type="checkbox"/> Double for single use € 76 <input type="checkbox"/> Double € 92		Nike *** 20 rooms (Minimum stay 3 nights)	<input type="checkbox"/> Double for single use € 79 <input type="checkbox"/> Double € 96 <input type="checkbox"/> Triple € 129	NOT AVAILABLE

Indicate above your accommodation preference and the number of rooms you wish to reserve

## ANTICIPATED ACCOMMODATION DATES

Arrival date                      Departure date                      Number of room nights

2<sup>nd</sup> Choice hotel enter name of alternate hotel (in case your first choice hotel is not available)

When travel arrangements have been finalized, you will be asked to confirm dates above and provide estimated time of arrival and flight number.

Hotel Deposit Amount (one night deposit per room)                      € 00.00

### PAYMENT (Please check appropriate payment method)

By BANK TRANSFER to:

Lisciotto Viaggi snc - Banca Intesa BCI Rete Comit - IBAN: IT 56 P 03069 16520 085066541088 - Swift Code: BCITITMM280  
Please send by fax the bank transfer copy - please add to the total amount due bank expenses both ends (covering originating and receiving bank charges)

By CREDIT CARD (please add a surcharge of 3% to payment by credit card):

I authorize Lisciotto Viaggi snc to charge € 00 to my  Mastercard  Visa  American Express

Account number enter 16-digit account number here      Expiration Date month    day (if denoted) year

Name as it appears on your credit card: enter name as it appears on credit card

HOTEL RESERVATIONS MUST BE RECEIVED BY 31<sup>st</sup> of March. After this date, reservations will be subject to availability.

- Reservations are filled on a first-come, first-served basis.
- The hotel deposit will be deducted from the final hotel bill at checkout upon departure.
- An invoice covering the total amount will be issued by the hotel upon arrival. Please remember to ask for your invoice at the hotel registration desk.
- Confirmation of hotel booking will be sent by e-mail within 10 days.
- Deposits are refundable if reservation is cancelled before the 31<sup>st</sup> of March.
- All hotel refunds will be made after the conference.

For local tourist info [www.bestofsicily.com/siteindex.htm](http://www.bestofsicily.com/siteindex.htm) or [www.bestofsicily.com/faqs.htm](http://www.bestofsicily.com/faqs.htm)

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