

# PELVIC FLOOR DISEASES X FACTOR



THE CONGRESS WHERE THE NEXT GENERATION LEADS

9<sup>th</sup> - 10<sup>th</sup> NOVEMBER 2026 PISA - ITALY

## Personal data

First Name*	Last Name*
Place of Birth*	Date of Birth*
Tax Code*	Profession*
Practice Specialty*	Address*
City/State*      Postal Code*	Medical Registration N°/City*
Phone*	Email*
Sponsor Invitation *    YES    NO Sponsor Name*	ESCP Member    YES    NO <i>Please insert your discount code here</i>

## Fiscal data

First Name*	Last Name*
or Company Name*	Vat Code*      UNIQUE CODE*
Tax Code*	Address*
City/Country*	Postal Code*
E-mail*	Phone*

**HOW TO REGISTER:** this registration form, duly completed and signed, must be sent to the organising secretariat by e-mail to [info@askservice.it](mailto:info@askservice.it). Registration will be finalised upon payment of the registration fee.

### Registration rates are set as follow

#### COMPLETE TRAINING COST

Standard fee: **€500 + 22% VAT (Total €610)**

#### EARLY REGISTRATION (before 1 June 2026)

Fee: **€400 + 22% VAT (Total €488)**

#### ESCP MEMBERS

Special fee : **€400 + 22% VAT (Total €488)**

### Payment

#### Bank Transfer to ASK SERVICE

**Banca Fideuram - INTESA SAN PAOLO**  
**IBAN: IT16M0329601601000067217980**  
**BIC/SWIFT CODE FIBKITMM**

Any additional bank charges must be paid at source in addition to the registration fee.

Please specify " SURNAME + **Pelvic Floor Diseases X Factor** on the bank transfer and return the registration form and payment receipt to the organizing secretariat by e-mail ([info@askservice.it](mailto:info@askservice.it)).

**\*\*Please let us know if you have any special needs for food** \_\_\_\_\_

**DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**Use of Personal Data and Images:** I authorize the use of my personal data and my image for promotional purposes, including on social media and websites, in compliance with data privacy regulations