

PELVIC FLOOR DISEASES X FACTOR



THE CONGRESS WHERE THE NEXT GENERATION LEADS

9th - 10th 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 |

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. 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)**

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).

****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