

**EDIZIONI MINERVA MEDICA  
ORDER FORM FOR INDIVIDUAL SUBSCRIPTION**

Please print the order form, complete it and forward it with the attachments requested to the following address:

EDIZIONI MINERVA MEDICA  
Ufficio Abbonamenti Corso Bramante 83  
10126 TORINO

**I wish to subscribe to the journal** \_\_\_\_\_ **Year** \_\_\_\_\_

- New Subscription  
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**Amount €** \_\_\_\_\_

**Payment procedure**

- I paid on \_\_\_\_\_

to EDIZIONI MINERVA MEDICA - C.so Bramante 83-85 - 10126 Torino, by:

Enclosed bank cheque

Bank transfer (copy enclosed)

Bank details: INTESA SANPAOLO Ag. 18 Torino, C.so Bramante 82, 10126  
Torino - IBAN: IT45 K030 6909 2191 0000 0002 917 - BIC BCITITMM

- I wish to pay by Credit Card

Diners  Mastercard  Visa  American Express  
(all fields are compulsory)

Card no. \_\_\_\_\_ Expiry (month/year) \_\_\_\_ / \_\_\_\_

Name on card (Surname First Name) \_\_\_\_\_

Credit Card post code \_\_\_\_\_ (enter the post code of the address to which the credit card statement is sent)

Signature \_\_\_\_\_

**Personal details** (all fields are compulsory)

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**Shipping Details** (all fields are compulsory)

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

I wish to receive a receipted invoice.  Yes  No

Personal details will be used for invoicing

The details transmitted which you, in accordance with Decree Law no.196/2003 authorise us to handle, will be used solely for commercial purposes and to promote our activities. Updates or cancellation of details should be requested from:  
Edizioni Minerva Medica, Corso Bramante 83-85, 10126 - Torino.