

REGISTRATION FEES

Amount of Payment (only for fees)

(For Students, a copy of ID student Card must be attached)

PERSONAL DATA

Mrs Ms Mr

First Name:

Middle Initial:

Last Name:

Title:

Organization:

FULL
ADDRESS

Country:

E-mail:

Phone:

Fax:

METHOD OF PAYMENT

- by Bank Transfer
- by Cheque
- by Credit Card

In case of payment by bank transfer please send us a copy of your bank receipt as e-mail attachment or the data of bank transfer. Thank you in advance.

SPECIAL CASES: Special Diet:

PARTICIPATION

- Participant with oral presentation
- Participant with poster(s)
- Student with oral presentation
- Student with poster(s)
- Participant only
- Accompanying person

HOTEL REGISTRATION

Room Reservation (Please check the night/s of your staying and the Hotel you prefer)

Nights of staying	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> Other nights: <input type="text"/>			

HOTEL*	ROOM
<input type="text"/>	<input type="text"/>

* or other hotel of the same category if the available rooms will be completed. Therefore, it will be kept a priority in booking rooms. (All prices include breakfast and taxes)

Any other note:

Please, Clear all before closing or leaving the form