

REGISTRATION FORM

“ICA 2009 Satellite Symposium” – Rome, 11-13 March 2009

Please fill in and return this form to the Organizing secretariat BY FAX OR EMAIL

Tel. 003971 2071411 Fax. 003971 2075629 – dna2009@congedior.it – www.congedior.it

Type or print in capital letters

Mr. Mrs.

First name _____

Last name _____

Organization/Company _____

Mailing address: _____

Address _____ City _____

State/Province _____ Postal/Zip code _____ Country _____

Telephone number (include country, city and area codes) _____

Fax number (include country, city and area codes) _____

E-mail address _____

participant accompanying person other (please specify) _____

Registration fees

	<i>By 30/10/08</i>	<i>By 28/02/08</i>	<i>On-site registration</i>
Student *	<input type="checkbox"/> € 180	<input type="checkbox"/> € 250	<input type="checkbox"/> € 350
Regular	<input type="checkbox"/> € 280	<input type="checkbox"/> € 350	<input type="checkbox"/> € 450
Accompanying person	<input type="checkbox"/> € 100	<input type="checkbox"/> € 120	<input type="checkbox"/> € 150

* Students must provide legible proof of full-time student status.

The regular registration fee includes:

- participation in the scientific program
- one copy of the Proceedings
- access to exhibition and poster sessions
- coffee break and lunch
- social dinner
- certificate of attendance

Registration total amount: € _____

(all payments are to be made in Euro and are intended plus VAT and net of all bank charges and commissions)

Visa

A letter of invitation to ask for a visa is required

Special requests: _____

Please return this form to the following address:

METHODS OF PAYMENT

(all payments are to be made in Euro and are intended plus VAT and net of all bank charges and commissions):

- Bank transfer to Congredior S. R. L., account number 000000004832 at CASSA DI RISPARMIO DI LORETO SPA, CIN T, ABI 06195, CAB 02600 (bank SWIFT-code CRL0IT3LXXX), IBAN: IT 57 T 06195 02600 000000004832
Reason for payment: "Participant's full name" - ICA2009 Satellite Symposium
A copy of the bank transfer order should be faxed or sent by mail together with the registration form.

DATA FOR INVOICE

The invoice must be addressed to:

Company name or Full name _____
VAT registration number _____ Fiscal code (if any) _____
Address _____ City _____
State/Province _____ Postal/Zip code _____ Country _____

Please send the invoice to: _____

Address _____ City _____
State/Province _____ Postal/Zip code _____ Country _____

CHANGES, CANCELLATIONS AND REFUNDS

Changes and cancellations must be sent in writing to Organizing Secretariat

Refunds (less € 30 handling fee) may be obtained for cancellations received up to 31/12/2008. No refunds will be paid for any cancellation made after that date.

It is always possible to replace the registered participant, as long as this is communicated before the beginning of the event.

PERSONAL DATA HANDLING

In accordance with the Italian Law No. 675/96 we hereby declare that any personal information in our possession will be used only for the purposes of the meeting.

Date _____ Signature _____

Please return this form to the following address: