

Registration Form (pag. 1/2)

To be returned filled within **May 12 2017** by fax to +39 050 0987825
or e-mail to dles11@aicgroup.it

REGISTRATION FORM WITHOUT FULL PAYMENT WILL NOT BE ACCEPTED

1. REGISTRATION

Last Name _____ First Name _____
 Place of Birth _____ Date of Birth _____
 M.D. Ph.D. Mr. Mrs. E-mail _____
 Organization _____ Division _____
 Title _____ Mailing Address _____
 Country _____ City _____
 Zip code _____ Mobile phone _____
 Telephone _____ Vat Registration Nr. _____

REGISTRATION FEE (current 22% vat included as for law – subject to increasing)

	EARLY REGISTRATION (BEFORE APRIL 14 th , 2017)	LATE REGISTRATION (FROM APRIL 15 th UNTIL MAY 12 th)	ON SITE
Regular Participant:	€ 460,00	€ 510,00	€ 510,00
PhD Student*:	€ 400,00	€ 450,00	€ 450,00

*For registrations as PhD student, a confirmation letter of a supervisor is necessary. The confirmation must be sent immediately after the registration to the Organizing Secretariat to dles11@aicgroup.it

Registration fee includes: participation to the conference, lunches and coffee breaks mentioned in program, Workshop Dinner, book of abstracts, proceedings

FOOD SPECIAL REQUESTS:

Dietary Restrictions: vegetarian
 others (please specify) _____

For special needs please contact: dles11@aicgroup.it

GUEST WORKSHOP DINNER FEE (current 22% vat included as for law – subject to increasing):

BEFORE 14TH APRIL, 2017
€ 55,00

FROM 15TH APRIL, 2017
€ 65,00

Nr. Workshop Dinner _____



Organizing Secretariat

A.I.C. Asti Incentives & Congressi

Piazza San Uomobono, 30 56126 Pisa – Italy Tel. +39 050 598808 Fax +39 050 0987825
Email: dles11@aicgroup.it

CANCELLATION & REFUND

Requests for refund must be received **within May 12 2017** by email to dles11@aicgroup.it

In case of cancellation a fee of € 50,00 will be charged.

Name changes will be accepted with a handling fee of € 50,00.

TOTAL AMOUNT € _____ (PLEASE INDICATE AMOUNT DUE)

BY CREDIT CARD (IN EURO)

I authorize Asti Incentives & Congressi srl to charge on this credit card the total amount of payment according to the information included in this form and with my acceptance. I confirm that I have read and accepted the cancellation policy shown in Meeting Information.

Credit card information: Visa Mastercard

Card number _____ Exp Date _____

Cardholder's name _____ CVC code _____

Authorization Signature _____

BY BANK TRANSFER (IN EURO)

Domestic Bank Transfer

Account Holder: Asti Incentives & Congressi srl
Bank: Monte dei Paschi di Siena – Sede di Pisa
IBAN: IT95 D0103014000000002084433
Payment Description: **Delegate (full name) DLES11 2017**

International Bank Transfer

Account Holder: Asti Incentives & Congressi srl
Bank: Monte dei Paschi di Siena – Sede di Pisa
IBAN: IT95 D0103014000000002084433
BIC or SWIFT: PASCITMMPIS
Payment Description: **Delegate (full name) DLES11 2017**

Date _____

Full Name in block letters _____

Signature _____

2. INVOICE

Invoice will be issued by Asti Incentives & Congressi srl for ALL registrations – section below MUST be filled

Company Name or Participant name _____

Address _____

Social Security number or Personal Fiscal Code _____

VAT Registration number _____



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