**Registration Form**

Please fill out and return by e-mail both to: **armenio@dica.units.it**

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| **Partecipant Information** | | | |
| Title | Mr. Mrs. Miss. Dr. Prof. Other: | | |
| First and Last name |  | | |
| Institution/Affiliation |  | | |
| Mailing address |  | | |
| Postal code, city, country |  | | |
| Telephone |  | | |
| E-mail address |  | | |
| Companion(s) name |  | | |
| - Private Companion  - University  - Public Institution |  |  | VAT ID N: |

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| **Registration fee** |  | |
| Before January 25 | Euro 350 |  |
| Before January 25 (Ercoftac members) | Euro 300 |  |
| Late Registration | Euro 450 |  |
| Late Registration (Ercoftac members) | Euro 400 |  |
| **Dietary Requirements** | | |
| I am vegetarian |  | |
| Other (please specify): |  | |

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| **Method of Payment** |
| All payments should be made in Euro by bank transfer, without any bank charges to the organizers.  Details for the bank transfer are as follows:  Account holder: Università degli studi di Trieste – DIA  UNICREDIT BANCA FILIALE “TRIESTE SEVERO B”  ABI 02008  CAB 02223  CIN Q  C/C: 000003892054  IBAN IT 35 Q 02008 02223 000003892054  SWIFT CODE UNCRITM10UC  Reason for payment: DIA – MMTLHE 1024 registration fee for NAME SURNAME  **Please attach a copy of the bank transfer order** |

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| Declaration**:** I hereby declare that the above information are true and accurate to the best of my knowledge.  Name:   |  | | --- | |  |   Date: Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |