

## TO BE RETURNED BEFORE DEADLINE to the attention of Consorzio Catania Ricerche Fax: +39 095 313763

PLEASE USE CAPITAL LETTERS
SURNAME FIRST NAME
POSITION AFFILIATION
ADDRESS
ZIP CODE CITY COUNTRY
PHONE MOBILE PHONE
FAX E-MAIL
REGISTRATION FEES
Please check category and enter amount.
NOTE: YOU HAVE TO REGISTER AND PAY BY 30 JUNE 2006 TO TAKE ADVANTAGE OF THE EARLY REGISTRATION FEE
☐ Full early registration: € 500.00 ☐ Full standard registration: € 570.00 (includes welcome cocktail, coffee breaks, lunches, excursion and conference dinner, program, abstract book and proceedings book)
<ul> <li>Student early registration: € 350.00</li> <li>Student standard registration: € 400.00</li> <li>(includes welcome cocktail, coffee breaks, lunches, excursion and conference dinner, program, abstract book)</li> </ul>
□ Other amount: €
(please specify)
☐ Free registration: (please indicate the authorization type)
☐ accompanying person registration: € 170.00 (includes welcome cocktail, excursion and conference dinner) accompanying person(s) n
name(s)
TOTAL FEES: €
PAYMENT METHOD
$\ \square$ I enclose a copy of the bank transfer $\ \square$ I will pay at the Conference desk
☐ Credit Card: ☐ VISA ☐ EUROCARD/MASTERCARD ☐ CARTASI
Card holder (surname and first name)
Card number Expiry date /
Security code (last 3 digits printed on the signature strip on the back of the card)
I hereby authorize the use of my credit card for the purposes specified above
Signature Date
DATA FOR YOUR INVOICE
SURNAME and FIRST NAME or INSTITUTION NAME
ADDRESS COUNTRY
ZIP CODE CITY COUNTRY
VAT NUMBER (if applicable)*
(*) for Italians only: it is mandatory to indicate the VAT number of your Institution or (for personal invoice) your fiscal code.