



**Consortium Meeting**  
**7-8 September 2011**  
**CNR Bologna, Italy**

## REGISTRATION FORM

Please, complete and fax this form to [marcella@econvention.it](mailto:marcella@econvention.it);

Title(Dr, Mr, else) /First name/Last name			
Organization/Company		Mailing address	
Invoice heading (if different from the participant's name)			VAT
Zip Code	City	Country	State
Daytime phone		email	For Italian people: Codice Fiscale
Accompanying person (if any)			

	<i>Before August 25<sup>th</sup></i>	<i>After August 25<sup>th</sup></i>	<b>Total</b>
<input type="checkbox"/> <b>Regular</b>	€ 100,00	€ 120,00	

### 2. METHOD OF PAYMENT

- On-site (cash, credit card, Maestro-Cirrus)**
- Bank transfer** (free of charge for the receiver) to:

**Holder:: EConvention srl**  
Bank: **Unicredit Banca Agenzia Mazzini**  
SWIFT code: UNCRITM 10 N5  
IBAN: IT34U0200802453000003611782

**It is mandatory to mention EUCLID Workshop and the full name of the participant.**

*Please indicate special dietary needs*

- Diabetic     Vegetarian     Food allergies     Others

I accept the Cancellation and Privacy Policies as reported on the website of the Workshop.

**Date**

**Signature**

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