

Registration Form

ica le pcs | 99 |

Title _____ First Name _____ Family Name _____

Affiliation/Institute _____

Mailing address _____

Zip Code _____ Town _____ Country _____

Phone _____ Fax _____

e-mail address _____

I will attend the EPICS pre-Conference Workshop (30 September - 1 October) yes no

I will attend the Software Sharing (SOSH) pre-Conference Workshop (2 Oct.) yes no

In compliance with Italian Law L 675 of 31/12/1996 I authorize the Organizers to use my Personal Information for the purposes of this Meeting.

date

signature

Registration fee

> for Members of Sponsoring Societies (EPS, APS, AAPPS, IEEE, SIF): ITL 820,000

> for Non-members: ITL 870,000

> for each accompanying person: ITL 170,000

Members of Sponsoring Societies

(EPS, APS, AAPPS, IEEE, SIF)/Membership N: _____ ITL _____

Non members: ITL _____

Accompanying persons: ITL _____

Subtotal: _____ **(A)**

Accompanying person(s) (not participating in the Scientific Programme)

First Name _____ Family Name _____

First Name _____ Family Name _____

Tour of Venice: ITL 100,000 per No. _____ person(s) = ITL _____ **(B)**

Welcome Cocktail and Conference Banquet

No. of people attending the Welcome Cocktail (cost included in Registration Fee): _____
 No. of people attending the Conference Banquet (cost included in Registration Fee): _____
 Special dietary requirements _____

Conference Proceedings

Preferred format: Book CD-ROM

Extra Books: ITL 150,000 per No. _____ copies = _____

Extra CD-ROMs: ITL 50,000 per No. _____ copies = _____

Subtotal: _____ (C)

Payments

Registration fee Subtotal	_____ (A)
Accompanying person(s) Tour of Venice	_____ (B)
Conference Proceedings Subtotal	_____ (C)
Grand Total	_____

All payments must be made in Italian Lire (ITL); the amounts should be net of all bank charges. No cheques will be accepted.

I have transferred the amount of ITL _____ to Account n° 565622, made out to "Comitato Conferenze ELETTRA", "Cassa di Risparmio di Trieste Banca S.p.a." Sede, via Cassa di Risparmio 10 - 34100 Trieste (copy of receipt attached)

Bank codes: transfers from Italy ABI 6335 CAB 02230
 transfers from abroad SWIFT CODE TSCRIT2T

I wish to pay by VISA Mastercard Eurocard

Name of card holder _____

Date of birth of card holder _____ (required by Italian law)

card No. _____ expiry date _____

I herewith authorize the ICALEPCS'99 Organizing Committee "Comitato Conferenze ELETTRA" to debit this credit card account for the above indicated payment(s).

date	signature of card holder
_____	_____

Please note that payment for registration at the Conference can only be made in cash (Italian Lire) or by credit card (VISA, Eurocard or Mastercard).

Please send this Registration Form by mail or fax to:

" the office"
 via S. Nicolò 14, 34121 Trieste (Italy)
 phone +39 040 368343
 fax +39 040 368808