



WEA 2007 REGISTRATION FORM

Please fill in and send to :

CONSULTA UMBRIA – Via R. Gallenga, 2 - 06127 PERUGIA, ITALY.

PHONE: +39/075/5000066 – FAX: +39/075/5153466 E-mail : congressi@consultaumbria.com

1. PERSONAL DATA

Last Name* _____

First Name* _____

Affiliation* _____

Address _____

City _____

Zip Code _____ State _____ Country* _____

Fax* _____ E-mail* _____

* = *required fields*

2. REGISTRATION

	Early/Until April 20	Late After April 20/On Site
Regular	€ 380.00	€ 480.00
Full time student	€ 270.00	€ 370.00

Please register me as:

- Regular (includes welcome cocktail, coffee breaks, lunches, one copy of the proceedings, and social event)
 Full time student (includes welcome cocktail, coffee breaks, lunches, and one copy of the proceedings)

3. NUMBER OF TICKETS FOR SOCIAL EVENT (FOR STUDENT AND ACCOMPANYING PERSON) _____ (x € 80.00)

4. WAY OF PAYMENT

Credit Card

VISA MASTERCARD/EUROCARD AMERICAN EXPRESS

Card number _____ Expiry Date _____

Holder's Name _____

Signature _____

Bank Transfer

Account number 000000136490 headed to Consulta Umbria srl
 BANCA MONTE DEI PASCHI DI SIENA - AG. 4 VIA BAGLIONI, 24 PERUGIA
 ABI 1030 CAB 3004 CIN N
 BIC PASCITM1PG4
Please add the following code:
 BBAN CODE (FOR ITALIAN PAYMENT): N 01030 03004 000000136490
 IBAN CODE (FOR FOREIGN PAYMENT): IT 43 N 01030 03004 000000136490
 (copy of the bank transfer here attached)

INVOICE

Please complete the form below with the necessary information for invoice of payment

Invoice has to be headed to :

VAT N°/PERSONAL CODE _____

required fields

According to art. D.lgs 196/03 CONSULTA UMBRIA are authorized to use my personal data for purposes connected to the congress management.

Date _____ Signature _____