

REGISTRATION FORM

Please fill the form in and send it back to: area&20 Srl – Via Romagna 39 – 20052 Monza, Italy

Telephone: +39 039 2140320, Fax : +39 039 2149849 – e.mail: tweed2008@areaeventi.net - webpage: www.areaeventi.net

Forms received without the appropriate remittance WILL NOT CONSTITUTE advanced registration

Title: Prof. Dr. Mr. Mrs. Miss

Family name _____ First name _____

Address _____ City _____

State/Province _____ Postal/Zip code _____ Country _____

Phone* _____ Fax* _____ E-mail _____

(*include country, city and area codes)

Visa: A letter of invitation to ask for a visa is required

DATA FOR INVOICE – Please indicate here below the exact address to issue the invoice for the registration fees

Company name or Full name _____

VAT registration number _____ Codice fiscale (Italians only) _____

Address _____ City _____

State/Province _____ Postal/Zip code _____ Country _____

ACCOMPANYING PERSON(S)

1 – Family Name _____ Name _____ Mr. Mrs.

2 – Family Name _____ Name _____ Mr. Mrs.

REGISTRATION FEES

<u>Fees in Euros</u> VAT 20% included	EARLY REGISTRATION before April 15, 2008	LATE REGISTRATION from April 16 to June 30, 2008	ON SITE REGISTRATION
Congress			
Members	<input type="checkbox"/> 350,00	<input type="checkbox"/> 500,00	<input type="checkbox"/> 600,00
Non Members	<input type="checkbox"/> 500,00	<input type="checkbox"/> 650,00	<input type="checkbox"/> 750,00
Students*	<input type="checkbox"/> 200,00	<input type="checkbox"/> 250,00	<input type="checkbox"/> 350,00
Workshop	<input type="checkbox"/> 150,00	<input type="checkbox"/> 200,00	<input type="checkbox"/> 300,00
Accompanying Person	<input type="checkbox"/> 70,00	<input type="checkbox"/> 70,00	<input type="checkbox"/> 70,00

Gala Dinner € 90,00 (each person): n. _____ person(s) Total € _____
 Dietary needs (please describe): _____

* By students we mean all those who have not yet graduated. Please attach a copy of your student card or a certificate signed by the chairperson of the department.

Agency fee	€ 25,00
TOTAL REGISTRATION AMOUNT:	_____

METHOD OF PAYMENT

With your name and address indicated, please forward bank transfer to:

Bank Transfer to area&20 Srl

BANCA INTESA SAN PAOLO S.p.A. – Monza branch – Via Romagna, 8 - Monza, Italy

Account number: 615307148907 – Swift: BCITITM1419

For Italian participants: IBAN IT77 U030 6920 4046 1530 7148 907

Reason for payment: Tweed Meeting 2008

A copy of the bank transfer order should be faxed or sent by mail together with the registration form.

Credit Card: I authorize area&20 Srl to charge my credit card for the amount of € _____

Visa MasterCard American Express Diners Club

Cardholder's name _____ Name as shown on card _____

CVC (Card verification code-3 numbers) _____ Credit card number _____

Expiry date _____ Cardholder's signature _____

CANCELLATIONS AND REFUNDS

Cancellations must be notified in writing to area&20 Srl.

area&20 will refund 50% of the general total (less € 25,00 agency fee) for cancellations postmarked before July 15, 2008.

No refund will be made for cancellations after this date.

According to art. 10/law 675/96, area&20 Srl is authorized to use personal data for purposes connected to the congress.

I agree: Yes No

Signature _____	Date _____
-----------------	------------