



Fourth European Cytogenetics Conference

September 6-9, 2003 – Bologna, Italy

Mail or Fax completed form to:
 ITALYMEETING srl – FECC
 Corso Italia, 261
 80067 Sorrento (NA), Italy
 Fax: +39 081 8071930
 E-mail: fecc2003@italymeeting.it

CONFERENCE REGISTRATION FORM

You can register on-line at the meeting website <http://www.FECCBologna.it>

IDENTIFICATION

Title Prof Dr Mr Mrs Mss

Last Name: _____ First Name: _____

Institution: _____

Department: _____

Address: _____

Zip Code: _____ City: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Are you submitting an abstract?: YES NO

REGISTRATION FEE: Fee includes access to scientific sessions, conference material, coffee breaks and welcome cocktail

Available until April 12 2003			After April 12 2003		
ECA member	€ 250,00	<input type="checkbox"/>	ECA member	€ 300,00	<input type="checkbox"/>
Technologists (ECA member)	€ 150,00	<input type="checkbox"/>	Technologists (ECA member)	€ 200,00	<input type="checkbox"/>
Non-ECA member	€ 300,00	<input type="checkbox"/>	Non-ECA member	€ 350,00	<input type="checkbox"/>

Accompanying person(s): does not include attendance to the scientific sessions

Last Name: _____ First Name: _____
 Last Name: _____ First Name: _____

€ 80,00 x _____ person(s) = € _____

SOCIAL PROGRAM: due to limited space, the reservation will be made on the first arrived first served basis (please tick the appropriate choice and mention the number of person(s) that will attend)

Welcome cocktail Saturday, September 6 _____ person(s)
 Conference Dinner Monday, September 8 € 90,00 x _____ person(s) = € _____

TOTAL DUE: € _____

PAYMENT DETAILS: sorry, but no registration and reservation will be accepted without the corresponding payment. Payment must be made without charges to the beneficiary, neither cheques nor Eurocheques are accepted. Bank transfer reference MUST include delegate name(s).

Credit Card

I hereby authorise ITALYMEETING srl to debit my:

EuroCard MasterCard VISA

Card No: _____

Expiry Date (Month/Year): _____

Cardholder's Name: _____

Signature: _____

Bank Transfer

Bank Detail: UniCredit Banca
 Corso Italia, 259
 80067 Sorrento (NA), IT

Account Number: 3807157

CIN EUR 06

CIN E

ABI 02008

CAB 40260

Reference: **Delegate Name FECC 2003 Conference Registration Fee**

Date _____

Signature _____

Authorization to process data:

Please, sign here, to authorize us for the elaboration and electronic processing of your personal data (Italian Law n. 675/96)

Date _____

Signature _____