

## CONFERENCE REGISTRATION FORM

TITLE PROF ☐ DR ☐ ECM SI ☐ NO ☐ INVITED ☐

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you submitting a video ☐ YES ☐ NO

ARRIVAL DATE \_\_/\_\_/\_\_\_\_ DEPARTURE DATE \_\_/\_\_/\_\_\_\_

### THE REGISTRATION FEE INCLUDES:

Attendance to the conference, congress kit, transfers to the Congress venue, coffee breaks and working lunch on September 29th, possibility to attend the course "iTrust in hands-on training" on the 28th at ☐ 10:00 - 11:30 or ☐ 11:30 - 13:00 ten participants per shift.

|                                       | Early registration before July 31 <sup>st</sup> , 2015 | Late registration after July 31 <sup>st</sup> , 2015 |
|---------------------------------------|--|--|
| <b>REGISTRATION FEE ITRUST MEMBER</b> | euro <b>200,00</b> + VAT <input type="checkbox"/>      | euro <b>300,00</b> + VAT <input type="checkbox"/>    |
| <b>REGISTRATION FEE</b>               | euro <b>250,00</b> + VAT <input type="checkbox"/>      | euro <b>300,00</b> + VAT <input type="checkbox"/>    |
| <b>REGISTRATION FEE ESRU member</b>   | euro <b>200,00</b> + VAT <input type="checkbox"/>      | euro <b>250,00</b> + VAT <input type="checkbox"/>    |
| <b>REGISTRATION FEE IYUA member</b>   | euro <b>200,00</b> + VAT <input type="checkbox"/>      | euro <b>250,00</b> + VAT <input type="checkbox"/>    |

Invoice to: .....

VAT number: ..... Fiscal code: .....

**PAYMENT DETAILS:** Payment must be made **without charges to the beneficiary**. Cheques and Eurocheques can not be accepted. Bank transfer reference **MUST** include delegate name(s).

### ☐ Credit Card

I hereby authorize **I.D.S.** SpA to debit my:

☐ EuroCard ☐ MasterCard ☐ Visa

Card No: \_\_\_\_\_

CVV - Credit validation value \_\_\_\_\_  
(the last three digits of the number on the back of your credit card)

Expiry Date (Month/Year): \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

### ☐ Bank Transfer

Bank Detail:

Cariparma - agenzia 23  
Via XXI Aprile 24/26  
00162 Roma (RM)

Account Number:

IT70K0623003326000035225238

BIC SWIFT Number:

CRPPIT2P456

Reference:

Delegate Name ITRUST  
Conference Registration Fee

Signature \_\_\_\_\_

Mail or Fax completed form to: **I.D.S.** SpA | 20, Via dell'Antracite | 00157 Rome, Italy | tel. **+39 06 4505503 - 06 41792581**  
fax **+39 06 4502074** | [www.itrusturology.com](http://www.itrusturology.com) | [info@itrusturology.com](mailto:info@itrusturology.com)

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 \_\_\_\_\_