

ECOPRAM 2010

Milan, Italy • 18-20 March 2010

Secretariat only

REGISTRATION FORM

Please accurately fill out all the sections of the form.
Forms non properly filled out or without payment details will not be considered.

PERSONAL DATA

Surname _____ Name _____

Title Mr. Mrs. Dr. Prof.

Address _____

ZIP _____ City _____ Country _____

Telephone _____ Fax _____ E-mail _____

INVOICING DETAILS (COMPULSORY FOR THE PAYMENT)

Surname and Name or Company _____

Fiscal address _____

ZIP _____ City _____ Country _____

For Italian participants only: Fiscal code _____

PAYMENT

THREE DAYS PASS	Euro	Total
<input type="checkbox"/> Members – within 31/01/2010	195,00	
<input type="checkbox"/> Members – within 15/03/2010	295,00	
<input type="checkbox"/> Members – after 15/03/2010	445,00	
<input type="checkbox"/> Non Members – within 31/01/2010	295,00	
<input type="checkbox"/> Non Members – within 15/03/2010	395,00	
<input type="checkbox"/> Non Members – after 15/03/2010	495,00	
<input type="checkbox"/> Agorà Members	195,00	
<input type="checkbox"/> AIMAA Members	195,00	
<input type="checkbox"/> AMIA Members	195,00	
<input type="checkbox"/> SIME Members	195,00	
<input type="checkbox"/> Non physicians (Psychologists, Biologists, Chemists)	95,00	
<input type="checkbox"/> Aesthetics Professionals, Dieticians, Nurses, Physiotherapists, Students	60,00	
<input type="checkbox"/> Exhibition Hall	free of charge	
<input type="checkbox"/> Exhibitors	free of charge	
<input type="checkbox"/> Sponsors	free of charge	
TWO DAYS PASS		
<input type="checkbox"/> Within 31/01/2010	245,00	
<input type="checkbox"/> Within 15/03/2010	295,00	
<input type="checkbox"/> After 15/03/2010	395,00	
ONE DAY PASS		
<input type="checkbox"/> Within 31/01/2010	145,00	
<input type="checkbox"/> Within 15/03/2010	245,00	
<input type="checkbox"/> After 15/03/2010	295,00	
Grand Total		

Please find enclosed copy of the bank transfer of Euro _____ on the account of Banca Popolare di Novara - Sede di Genova - IBAN IT 55 H 05608 01400 000000003569 - SWIT NVRBIT2N030 - payable to: Aristeia International s.r.l.

Please charge the amount of Euro _____ on my credit card:

VISA Master Card

Number _____ CVV Code (*) _____ Expiration Date _____

(*) The CVV code (Customer Verification Value) is the three digit number on the back of the card, after the credit card number.

Cardname Holder (capital letters) _____

Date _____ Signature _____

We inform that your datas will be treated by Aristeia International s.r.l. for the procedures regarding the registration to the Congress, in accordance with the Italian D. Lgs. 30/06/2003 n. 196 and following amendments.

Please send to: **ARISTEA • Fax (+39) 010 5535975 • E-mail ecopram2010@aristeia.com**