45th Annual Symposium EAAM 2017
Acquario di Genova, Italy
8th March – 11th March 2017

REGISTRATION FORM

Please fill in this form in capital letters **and** return it to: info@incomingliguria.it
one form per delegate (and accompany person for the social events only)

Title: ____ First name:_____ Family Name:_____

Company/Organization _____

E-mail:_____ Phone:_____ Fax _____

Invoice MUST be headed to: Name/Company Name_____

Address _____

Postal Code: _____ City: _____ Country:_____

*VAT n°_____

Please select your registration category and corresponding amount from the table hereunder:

A REGISTRATION FEE:	**Includes *Icebreaker Evening, Lunches and Coffee Breaks***		
	Early Bird till 25th Jan 2017	After 25th Jan 2017	One day
■ Non Member	400€	450€	120€
■ Member	370€	420€	120€
■ Student Non Member*	315€	360€	120€
■ Student Member*	285€	335€	120€

***Students should present official University or Institute forms proving their current subscription for the scholar year 2016-2017**

Kindly also specify:
1) I reserve bus-city-transfer from Railway Station Principe to city-center on 8th March leaving at:
■ 16:00/4 pm or ■ 16:45/4.45 pm or ■17:30/5.30 pm

B SOCIAL EVENTS

Reservation for social events is required. Please indicate below your intention to attend and reserve in advance!.

SOCIAL EVENTS (NOT INCLUDED IN REGISTRATION FEE)

			DELEGATE	ACCOMPANYING
Gala Dinner	**10th March 2017**	**€ 70pp**	**Yes ■ No ■**	**Yes ■ No ■**
Genova city-tour by Segway (1h)	**11th March 2017**	**€ 30pp**	**Yes ■ No ■**	**Yes ■ No ■**
Cooking Lesson "PIZZA" (45min)	**11thMarch 2017**	**€ 15pp**	**Yes ■ No ■**	**Yes ■ No ■**
Genova walking tour (2h)	**11th March 2017**	**€ 15pp**	**Yes ■ No ■**	**Yes ■ No ■**

Spouse/Accompanying Person

First name: _____ Family Name: _____

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METHOD OF PAYMENT: *please select method of payment chosen*

IN ADVANCE

BY Credit Card: ■□Visa / Mastercard / Diners
I authorize Incoming Liguria srl to debit my card for the amount due in Euros indicated hereunder
Total A) €_____
or
Total A)+B) € _____

Number: I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I____I

Expiry date (MM/AA): I____I____I / I____I____I Cardholder name_____

Signature:_____

or

BY Bank transfer*(Please reference the delegate's name/group's name of your remittance and send us copy of bank transfer)*
in Euros made out to C-WAY srl.
Banco Popolare
IBAN: IT55U 05034 01424 0000 0002 3468
BIC: BAPPIT21A30 - SWIFT BAPPIT21A30
Banking fees must be paid by delegates

For Onsite registration: kindly note that payment will be accepted only by credit cards or cash in euro.

■□I hereby accept all registration conditions of the Congress and agree for the total payment corresponding to my requests of_____ euros.

NAME *(capital letter)*: _____ Date: _____

Signature: _____

Please complete this form in capital letters and return to: info@incomingliguria.it

Cancellation conditions

Cancellations must be notified in writing to Incoming Liguria s.r.l. and only cancellations received up to February 22nd 2017 will be reimbursed