



1 – 3 March 2011, SCONTRONE (L'AQUILA), ITALY

Registration Form

Please submit this form digitally (attachment) to the general secretary

E-mail: neogene@dst.unipi.it

FAMILY NAME.....

*FIRST
NAME*.....

INSTITUTION.....

ADDRESS.....

.

POSTAL CODE..... *CITY*..... *COUNTRY*.....

TEL..... *FAX*..... *E-MAIL*.....

I wish to present a talk ü

Presentation title.....

.....

<i>REGISTRATION FEES</i>	<i>Before 31.10.2010</i>	<i>After 31.10.2010</i>
	300 €	400 €

<i>EXCURSION FEES</i>	<i>Before 31.10.2010</i>	<i>After 31.10.2010</i>
<i>Excursion A (Scontrone)</i>	50 €	70 €
<i>Excursion B (Majella)</i>	70 €	90 €

HOTELS

I/WE wish to book hotel accommodation fromto.....2011.

If you are sharing a twin room , please advise the name of your companion:.....

SOCIAL PROGRAM

<i>Congress Dinner (Tuesday March 1)</i>	<i>incl. in the fee</i>	<i>ü</i>
<i>Municipality Dinner (Wednesday March 2)</i>	<i>incl. in the fee</i>	<i>ü</i>
<i>Closure Dinner (Thursday March 3)</i>	<i>incl. in the fee</i>	<i>ü</i>

PROGRAM FOR ACCOMPANYING PERSONS

<i>Nature and culture</i>	<i>incl. in the fee</i>	<i>ü</i>
<i>Handicrafts</i>	<i>incl. in the fee</i>	<i>ü</i>
<i>Gastronomical</i>	<i>incl. in the fee</i>	<i>ü</i>

TOTAL AMOUNT (Registration Fee + Excursion Fees):€

*After receipt of your payment the invoice and the hotel-voucher will be sent by e-mail or fax. Payment of registration fee and scientific excursions can be made **only** via bank transfer. Name of account: **Comune di Scontrone**; Bank Name: **Banca di Credito Cooperativo di Roma - agenzia di Castel di Sangro - Via Sangro, 12 I-67031 Castel di Sangro (AQ), Italy**; Bank coordinates: **IBAN:***

***IT 04 L 08327 40520 00000008061 – SWIFT/BIC: ROMA ITRRXXX; Reference: NEOGENE
PARK 2011***