

REGISTRATION FORM

Please return this form **not later than 30 September 2013** to:
OIC srl – Viale G. Matteotti, 7 – 50121 Florence, Italy
Tel. +39 055 50351 – Fax +39 055 5035230 – registration@cors2013.org
or register online at www.cors2013.org

Please complete this form for EACH pa ☐ Prof ☐ Dr ☐ Mr ☐ Mrs ☐	rticipant in block le male 🗖 female	tters	
Last nameInstitution			
CONTACT INFORMATION Postal Address			
Postal code City			
e-mail (mandatory)			
Phone	Fax		
Fiscal Code (mandatory for Italian part	icipants only)		
Date and place of birth (mandatory)			
INVOICE ADDRESS: Please send invoice	to:		
(Company name)			
(address, postal code, city, Country)			
Fiscal/ VAT code (mandatory for Comp	pany)		
We accept to receive the invoice: \Box	by e-mail as PDF	or	by mail
REGISTRATION FEES (VAT included)			
	Early (until 22 July)	Late (until 15 September)	After 15 September & on-site
☐ Regular - Member of CORS	390,00	490,00	590,00
☐ Regular - Non-member of CORS	490,00	590,00	690,00
☐ Young Investigator*	250,00	290,00	350,00
☐ Accompanying Person**	60,00	70,00	75,00

^{*}Undergraduate or postgraduate student, research fellow, resident. Copy of valid student ID or letter from academic authority is required ** Accompanying person fee includes participation in the Welcome Reception, one-half day tour, and Sport Tournament



Surname	Name

HOTEL ACCOMMODATION IN SAN SERVOLO ISLAND IS SOLD OUT

Nr.

Total

A list of accommodation and additional hotels can be found on http://www.cors2013.org

Date

SOCIAL PROGRAM

Event

☐ Welcome Reception	13 October – included in the registration fee	
☐ Young Investigator Only Event	14 October - € 15 per person – reserved to Young	
	Investigator only	
☐ Gala Dinner at Ca' Vendramin	15 October - € 40 per person	
Calergi mansion		
☐ Wine&Cheese party	16 October – included in the registration fee	
BOX LUNCH (included in the registration Sunday, 13 October 2013	n fee of participants only)	
Monday, 14 October 2013		
Tuesday, 15 October 2013		
Wednesday, 16 October 2013		
Summary - I herewith enclose the fol Registration fee Social events	€	
Terms of payment		

Terms of payment

☐ Please charge the following	credit card: ☐ VISA ☐ Master Card ☐ American Express	
No	Exp. Date	
	Cardholder's name	
Overall amount (total) to be ch	narged in EURO (€)	
I hereby authorise the use of n	ny credit card for the purposes specified above.	
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No charges to the recipient. Copy of the bank transfer receipt must be enclosed with the form. The sender's full name and address must be clearly stated in the transfer order plus the payment purpose. ATTENTION: Registrations can be

🗖 Payment by bank draft in favour of OIC srl – Cassa di Risparmio Ag. 1 – Viale Matteotti 20r, Firenze

IBAN: IT39 S061 6002 8010 0001 0628 C00 - SWIFT: CRFIIT3F

SIGNATURE