

CONFERENCE REGISTRATION FORM

FIGIPAS 2009 (Palermo, 1-4 July, 2009)

I am Faculty ☐ I am a Student ☐

I am a Member of the International Advisory Board ☐

I require:

- ☐ Vegetarian Meals
☐ Vegan Meals
☐ Handicap Accessibility
☐ Other Accommodation - describe _____

Return this registration form no later than **June 10, 2009**
(attention M. Pagliaro):

Return by e-mail
as a PDF: mario.pagliaro@ismn.cnr.it
Return by fax: +39 091 680 92 47
Call in Registration: +39 091 680 93 70

Please note that the name and title you give here will be printed on your badge and the participants' list.

Family name: _____

Title: _____ (Prof. (Dr. (other: _____ (Mr. (Ms. (Mrs.

First name: _____

Organisation: _____

Address: _____

Postal/Zip code: _____ City: _____

Country: _____

Telephone: _____

Fax: _____ E-mail: _____

I prefer an oral ☐ or poster ☐ presentation.

Tentative title: _____

I will attend to the social excursion: Yes ☐ No ☐

I will attend to social dinner: Yes ☐ No ☐

Accompanying persons Yes no. ____

<i>Fee</i>	<i>before March 15, 2009</i>	<i>after March 15, 2009</i>
Full registration	€ 370	€ 450
Students*	€ 190	€ 230
Accompanying person (social program only)	€ 100	€ 150
Social dinner	€ 70	€ 70
Half-day tour	€ 50	€ 50

*This category includes undergraduate and graduate students. Please include a copy of your valid student card or a letter of endorsement of the supervisor. Conference fees include admission to conference sessions, tea/coffee, conference kit (Book of Abstracts, Scientific Program), welcome coffee and light lunch on July 1st.

The amount of _____ € (Eur) has been paid by bank transfer to the following account:

Holder: Comitato Convegno FIGIPAS 09, via U. La Malfa 153, 90146 Palermo PA (Italy)

Fiscal Code: 97231090826

IBAN: IT64 0030 3204 6010 1000 0005 429

Swift/BIC: BACRIT22PAL

Bank: Credito Emiliano S.p.A, Filiale Palermo Sede, Piazza A. De Gasperi 5, 90146 Palermo PA (Italy)

IMPORTANT: Please, quote in the bank transfer the Congress name (**FIGIPAS 09**), **your name or the Institution/Company name** as your reference, as this will enable us to identify the money when it is received.

By sending in this registration form, I acknowledge that I commit myself to the immediate payment of the full conference fee. I have taken notice of the cancellation terms on this form available on the conference website figipas.org.

Date: ____/____/____

Signature: _____

10th FIGIPAS Meeting in Inorganic Chemistry
www.figipas.org