

LIVORNO, 11-13 SEPTEMBER 2017

Registration Form (pag. 1/3)

To be returned filled within **25th August 2017** by fax to +39 050 0987825
or e-mail to iwa-livorno2017@aicgroup.it

REGISTRATION FORM WITHOUT FULL PAYMENT WILL NOT BE ACCEPTED

1. REGISTRATION

Last Name _____ First Name _____

Place of Birth _____ Date of Birth _____

M.D. Ph.D. Mr. Mrs. E-mail _____

Organization _____ Division _____

Title _____ Mailing Address _____

Country _____ City _____

Zip code _____ Mobile phone _____

Telephone _____ Vat Registration Nr. _____

REGISTRATION FEE (current 22% VAT included)				
	High Income Country - Early Registration (before 15th June)	High Income Country - Late Registration (from 16th June until 25th August)	Low Income Country - Early Registration (before 15th June)	Low Income Country - Late Registration (from 16th June until 25th August)
Non IWA Member	€ 488,00	€ 549,00	€ 439,20	€ 500,20
IWA Member	€ 366,00	€ 427,00	€ 317,20	€ 378,20
YWP Student*	€ 183,00	€ 183,00	€ 146,40	€ 146,40
Spouse	€ 61,00	€ 61,00	€ 48,80	€ 48,80

*PhD students and Postdoctoral researchers (please send a proof of the status) / Workshop Dinner not included

Registration fee includes: participation to the conference, lunches and coffee breaks mentioned in program, Workshop Dinner, USB with abstract, 22% VAT.

FOOD SPECIAL REQUESTS:

Dietary Restrictions: vegetarian
 others (please specify) _____

For special needs please contact: iwa-livorno2017@aicgroup.it

WORKSHOP DINNER FEE FOR ACCOMPANYING PERSONS

(22% VAT is included)

BEFORE 15TH JUNE, 2017

€ 67,00

FROM 16TH JUNE, 2017

€ 80,00

No. Workshop Dinner _____

CANCELLATION & REFUND

Requests for refund must be received **within 25th August 2017** by email to
iwa-livorno2017@aicgroup.it

In case of cancellation a fee of € 25,00 will be charged.

Name changes will be accepted with a handling fee of € 50,00.

TOTAL AMOUNT € _____ (PLEASE INDICATE AMOUNT DUE)

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BY CREDIT CARD (IN EURO)

I authorize Asti Incentives & Congressi srl to charge on this credit card the total amount of payment according to the information included in this form and with my acceptance. I confirm that I have read and accepted the cancellation policy shown in Meeting Information.

Credit card information: Visa Mastercard

Card number _____ Exp Date _____

Cardholder's name _____ CVC code _____

Authorization Signature _____

BY BANK TRANSFER (IN EURO)

Domestic Bank Transfer

Account Holder: Asti Incentives & Congressi srl
Piazza San Uomobuono, 30 – 56126 Pisa
Bank: Monte dei Paschi di Siena
Lungarno Pacinotti, 9 – 56126 Pisa
IBAN: IT95 D0103014000000002084433
Payment Description: **Delegate (full name) IWA 2017**

International Bank Transfer

Account Holder: Asti Incentives & Congressi srl
Piazza San Uomobuono, 30 – 56126 Pisa
Bank: Monte dei Paschi di Siena
Lungarno Pacinotti, 9 – 56126 Pisa
IBAN: IT95 D0103014000000002084433
BIC or SWIFT: PASCITMMPIS
Payment Description: **Delegate (full name) IWA 2017**

Date _____

Full Name in block letters _____

Signature _____

2. INVOICE

Invoice will be issued by Asti Incentives & Congressi srl for ALL registrations – section below **MUST** be filled

Company Name or Participant name _____

Address _____

Social Security number or Personal Fiscal Code _____

VAT Registration number _____