**REGISTRATION**

|  |  |
| --- | --- |
| NAME |  |
| SURNAME |  |
| C.F. \ TAX CODE |  |
| E-MAIL |  |
| ADDRESS |  |
| CITY |  |
| COUNTRY |  |
| ID AND PAPER TITLE | Example **001 - Title** |

**INVOICE DETAILS**

**If different from registration.**

**It will not be possible to change the recipient of the invoice for tax reasons.** **Please give your Name and Surname or Company Name or University**

|  |  |
| --- | --- |
| NAME |  |
| SURNAME |  |
| C.F. \ TAX CODE |  |
| E-MAIL |  |
| ADDRESS |  |
| CITY |  |
| COUNTRY |  |

**CONFERENCE FEES**

|  |  |  |
| --- | --- | --- |
| **TYPE** | **FEES** | **SELECT**  *mark with an* ***x*** |
| Early registration (until January 10, 2025): Full Participant | 220,00 € |  |
| Early registration (until January 10, 2025): Members of the Scientific Committee | 180,00 € |  |
| Early registration (until January 10, 2025): Student (up to 30 years old) | 180,00 € |  |
| Early registration (until January 10, 2025): Auditors | 160,00 € |  |
| Registration with normal fee (until February 14, 2025): Full Participant | 260,00 € |  |
| Registration with normal fee (until February 14, 2025): Members of the Scientific Committee | 220,00 € |  |
| Registration with normal fee (until February 14, 2025): Student (up to 30 years old) | 220,00 € |  |
| Registration with normal fee (until February 14, 2025): Auditors | 200,00 € |  |

**Registration for the Conference is mandatory for each participant in presence.**

**In the case of multi-author contributions (without in-person attendance), at least one fee is required for the publication of each contribution.**

|  |  |  |
| --- | --- | --- |
| **PARTICIPATION TO THE “GALA DINNER”** | **FEES** | **SELECT** |
| Indicate if you will attend the gala dinner (optional) 60 euros  (to be added to the registration fee) | 60,00 € | **YES/NO** |

The bank transfer must be completed and made out to:

**INTESTATORY:** Meeting&Words di Giovanna Farina e C s.a.s

**IBAN: IT36K0514274890CC1081074713**

**SWIFT CODE:** BCPTITNN

**Bank**: Banca di Credito Popolare - Filiale di Maddaloni (CASERTA)

**CONTO CORRENTE:** CC1081074713

**CIN**: K

**ABI**: 05142

**CAB:** 74890

**REASON FOR TRANSFER:** FORTMED25 + SURNAME + ID-PAPER (Example: FORTMED25 ZERLENGA 001)

**The charges to be borne by ordering customer.**

**A copy of this registration form and a copy of the bank transfer should be sent, by e-mail, to vanvitelli.dadi@fortmed.eu with the subject: REGISTRATION\_SURNAME + ID PAPER**