

# 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](mailto: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. \_\_\_\_

<b>Fee</b>	<b>after March 31, 2009</b>
Full registration	€ 450
Students*	€ 230
Accompanying person (social program only)	€ 150
Social dinner	€ 70
Half-day tour	€ 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 (**Please notice:** the letter in red stands for O like in Olympics)

**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](http://figipas.org).

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

10<sup>th</sup> FIGIPAS Meeting in Inorganic Chemistry  
[www.figipas.org](http://www.figipas.org)