

## Registration Fee Categories

### Early Registration Fee – if paid by March, 15 2015

Students	€ 120	<input type="checkbox"/>
Post-Doc/Non-Permanent position	€ 200	<input type="checkbox"/>
Staff/Permanent position	€ 250	<input type="checkbox"/>

### Regular Registration Fee – for payments received between March 16 and May 23, 2015

Students	€ 170	<input type="checkbox"/>
Post-Doc/Non-Permanent position	€ 250	<input type="checkbox"/>
Staff/Permanent position	€ 300	<input type="checkbox"/>

### Onsite fee – if paid after May 23, 2015

Students	€ 220	<input type="checkbox"/>
Post-Doc/Non-Permanent position	€ 300	<input type="checkbox"/>
Staff/Permanent position	€ 350	<input type="checkbox"/>

Please note that payment of the Onsite fee must occur not later than when checking-in with the hotel.

Failing to pay the registration fee at check-in will result in an additional surcharge of EUR 100.00

The registration fee includes access to all sessions, hotel services, and the cost of the conference banquet for the conference participant. The conference banquet for accompanying persons will have to be paid separately.

## Registration Fee Payment Information

### How to proceed:

- 1) Choose the conference fee option applicable to you  
Advance registration payments can be made by credit card or by wire transfer  
On-site registration payments can be made by credit card, debit card, or cash
- 2) For advance registration, please complete the form below in all its parts:  
If you choose to pay by credit card, please make sure to include your credit card details  
If you opt to pay by wire transfer, a copy of the bank transfer receipt will have to be attached to the form
- 3) Send the registration form either by email or by fax:  
by e-mail to [congressi@hotelflamingo.it](mailto:congressi@hotelflamingo.it)  
by fax to 0039-70-9208359
- 4) You will receive confirmation of your payment to the email address you indicated within two business days



**Conference Fee Payment Form**

*(Please fill in the form in WORD or PDF)*

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

E-mail \_\_\_\_\_

**1) Bank transfer:**

Bank Account Owner: Sud Company s.r.l

BANK: Banca di Sassari filiale di Pula

Iban: **IT24J0567643940000003008509**

Bic/Swift: BPSAIT31XXX

**Remember to specify as reason for payment: "your name" - NEEDS2015**

Please attach a copy of the bank transfer receipt to this form and send it to:

[congressi@hotelflamingo.it](mailto:congressi@hotelflamingo.it) or fax to +39-070-9208359

**2) CREDIT CARD:**

I hereby accept the conditions stated above and I authorize the hotel to charge my credit card according to the chosen option to this credit card:

Visa

Mastercard

Diners

Name of card holder.....

Credit Card Number.....

Expiration date.....

Signature.....

Date.....

For information: [congressi@hotelflamingo.it](mailto:congressi@hotelflamingo.it)

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