



Mondovi (Italy), May 26-29, 2009

For office use only

## REGISTRATION FORM

To be returned to the EMF 2009 (c/o A.I.M.) Secretariat, rue Saint-Gilles 31, B-4000 LIEGE  
 tel. : +32 4 222.29.46 ♦ fax : +32 4 222.23.88 ♦ e-mail : [c.dizier@aim.skynet.be](mailto:c.dizier@aim.skynet.be)

**PLEASE COMPLETE THIS FORM IN CAPITALS - ONE FORM PER PARTICIPANT ONLY**

Family name ..... First Name ..... Title (Prof, Dr, Mrs, Mr, etc) .....

Job Position .....

Institution (for name badge) .....

Department .....

Address.....

Postcode/Zipcode ..... City .....

Country .....

Telephone +..... /..... /..... Fax +..... /..... /.....

Mobile ..... E-mail .....

Dietary or other requirements .....

### SYMPOSIUM REGISTRATION (27, 28 and 29 May)

Please ✓ the appropriate box

<input type="checkbox"/> I register as author of a EMF 2009 paper (one author per paper or member of international scientific committee) <input type="checkbox"/> and pay after April 13, 2009 (710 €) Paper Number (if known)..... Paper title..... ..... .....	.....€
<input type="checkbox"/> I register at full rate (non-author participant) <input type="checkbox"/> and pay after April 13, 2009 (840 €)	.....€
<input type="checkbox"/> I register at student rate: student-ID required, maximum 30 year-old (440 €)	.....€
<input type="checkbox"/> I intend to attend the welcome drink and the typical Piedmontese dinner on May 26 <sup>th</sup>	<b>included</b>
<input type="checkbox"/> I intend to attend the guided visit and the dinner in Vicoforte on May 27 <sup>th</sup>	<b>included</b>
<input type="checkbox"/> I intend to attend the guided visit and the dinner in Langa & Roero on May 28 <sup>th</sup>	<b>included</b>

AIM IS REGISTERED AS A NON PROFIT-MAKING ASSOCIATION AND IS NOT SUBJECT TO VAT

Your application will not be processed without payment. Once payment is received your application will be processed and a confirmation will be sent to you. To receive the early bird discount, payment must be received on or before **April 13, 2009**



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### TUTORIAL REGISTRATION (26 May)

Please ✓ the appropriate box

<input type="checkbox"/> I register for the tutorial on May 26 <sup>th</sup> 2009 <input type="checkbox"/> at full rate (200 €) <input type="checkbox"/> at student rate: student-ID required, maximum 30 year-old (150 €)	.....€
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The registration fee includes bus transportation from Torino Airport (Caselle Airport) to Mondovi and from Mondovi to Torino Airport (Caselle Airport). 3 bus transportations will be organized (2 journeys per participant)

<input type="checkbox"/> I intend to take the bus from Torino Airport to Mondovi on Monday May 25 <sup>th</sup> in the afternoon My plane lands at .....hrs (mainly for tutorial participants)
<input type="checkbox"/> I intend to take the bus from Torino Airport to Mondovi on Tuesday May 26 <sup>th</sup> in the afternoon My plane lands at .....hrs
<input type="checkbox"/> I intend to take the bus from Mondovi to Torino Airport on Friday May 29 <sup>th</sup> in the afternoon My plane takes off at .....hrs

### COMPANION REGISTRATION

<input type="checkbox"/> I register .....as accompanying person (160€) <input type="checkbox"/> My companion will attend the welcome drink and the dinner on May 26 <sup>th</sup> <input type="checkbox"/> My companion will attend the guided visit and the dinner on May 27 <sup>th</sup> <input type="checkbox"/> My companion will attend the guided visit and the dinner on May 28 <sup>th</sup> <input type="checkbox"/> My companion will take the bus from Airport to Mondovi on May 25 <sup>th</sup> /May 26 <sup>th</sup> <input type="checkbox"/> My companion will take the bus from Mondovi to Torino Airport on May 29 <sup>th</sup>	.....€
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<b>TOTAL TO BE PAID TO SYMPOSIUM SECRETARIAT (except accommodation)</b>	.....€
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#### Means of payment :

bank transfer to FORTIS BANK , place Xavier Neujean 8, B-4000 Liege  
 BIC GEBABEBB – IBAN CODE BE 70 2400 4356 4825 (account : 240-0435648-25)  
 Payee : AIM – Payment **without any charge for us** and with the mention of **the participant's name** to avoid any confusion

credit card type     VISA     EUROCARD/MASTERCARD (All others excluded)

N° :

Expiry date : ...../20.....    Cardholder's Name : .....

Date :

Signature :