

FOSAD'02 – 3rd International School on Foundations of Security and Design

REGISTRATION FORM

Please complete, sign and fax this registration form and, in case, the coordinates of the bank transfer to:

Centro Residenziale Universitario di Bertinoro – Ce.U.B. Soc. Cons. arl

c.a. Elena Della Godenza

Via Frangipane, 6 – I – 47032 Bertinoro (FC)

Tel. +39 0543/446500 – Fax +39 0543/446599 e-mail: segreteria@centrocongressibertinoro.it

Family Name: _____

First Name: _____ Male/Female: _____

Affiliation: _____

Address: _____

ZIP Code: _____ CITY: _____ STATE: _____

TEL.: _____ FAX: _____ e-mail: _____

Fees:

- **Accommodation Fee -- Full Board (breakfast, lunch and dinner)**

[] Single Room € 350 Limited number available, to be confirmed.
arrival _____ departure _____

[] Double Room (DEFAULT) € 300
To be shared with _____
(In case no roommate is indicated, organizers will pair up participants)
arrival _____ departure _____

- **Registration Fee**

[*] € 300

- **Total Fees:** Accommodation _____
Registration _____
Total Amount _____

*Method of Payment:

[] Credit Card (Visa or Mastercard *only*) -- **preferred**

Account Holder: _____ Number: _____

Expiration Date: _____

Total Amount to be withdrawn in €: _____

[] Bank Transfer to (please, send also a fax or a message, with the coordinates of your bank transfer):

bank: Banca Popolare dell'Emilia Romagna

account number: 1052782

account holder: Ce.U.B. Soc. Cons.

via Frangipane 6

I-47032 Bertinoro (FC)

Swift Code: BPMOIT22 (for international bank transfer)

ABI 05387 CAB 67721 (for bank transfer within Italy)

Date: _____

Signature