



WIMS 2017 Registration Form

Registration Fees

IR.1. Early Full Registration (before May 30, 2017)	Euro 550,00 (+ Euro 80,00 for each additional page)
IR.2. Late and On-Site Full Registration	Euro 625,00 (+ Euro 80,00 for each additional page)
IR.3. Early Student Registration (before May 30, 2017)	Euro 300,00
IR.4. Late and On-Site Student Registration	Euro 350,00

Student registration is allowed to co-authors for which another co-author already performed the full-registration. For each paper, one full-registration is required.

A letter on headed note-paper from their University signed by their Head of Department/School confirming their full-time studentship status is required. Please email the document together with the registration form

Bank transfer information:

Beneficiary Name:

Hotel Village "La Principessa" – CAV. METALLO SRL

Beneficiary Address:

*Via Variante SS18, Campora San Giovanni
87032 Amantea (CS), Italy*

Bank Name:

*Banca Popolare di Bari
Agenzia di Amantea (CS)*

Bank Coordinates:

IBAN: IT92A054248060000000000686

for international transfers use also (if necessary):

SWIFT code: BPBAIT3BXXX

indicating, as reason for payment, "*WIMS 2017 –Registration of <full name>*". The receipt for payment will be given at the Conference.



WIMS 2017 Registration Form

Registration Form

Paper ID (for authors only): _____
(for multiple papers presented by the same author, please list all the IDs)

Name _____ Surname _____

Affiliation (for the badge) _____

Full Address: _____

Phone _____ Fax _____ E-mail _____

Payment

Registration Type	IR.1 <input type="checkbox"/>	IR.2 <input type="checkbox"/>	IR.3 <input type="checkbox"/>	IR.4 <input type="checkbox"/>	Euro:
Total					Euro:

I enclose a copy of the bank transfer order (**mandatory for early and late registration**) I will pay on site (cash)
(At least one author for each accepted paper is requested to early register by May 30, 2017)

Food intolerances or special food requirements (ex. Vegetarian) _____

Date of arrival _____ Date of departure _____

Receipt of Registration:

- Receipt for fiscal purposes
- Invoice for: COMPANY NAME: _____
ADDRESS: _____
VAT ID: _____

Date _____ Signature _____

Please **fill in and sign** the registration form and send it by email with a copy of the bank transfer order to the following e-mail address: info@hotellapricipessa.it with subject: "WIMS 2017 –Registration of <full name>"