**Registration Fees**

<table>
<thead>
<tr>
<th>IR.1.</th>
<th>Early Full Registration (before May 30, 2017)</th>
<th>Euro 550.00 (+ Euro 80.00 for each additional page)</th>
</tr>
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<tbody>
<tr>
<td>IR.2.</td>
<td>Late and On-Site Full Registration</td>
<td>Euro 625.00 (+ Euro 80.00 for each additional page)</td>
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<td>IR.3.</td>
<td>Early Student Registration (before May 30, 2017)</td>
<td>Euro 300.00</td>
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<tr>
<td>IR.4.</td>
<td>Late and On-Site Student Registration</td>
<td>Euro 350.00</td>
</tr>
</tbody>
</table>

*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: IT92A0542480600000000000686  
> 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.
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

<table>
<thead>
<tr>
<th>Registration Type</th>
<th>IR.1</th>
<th>IR.2</th>
<th>IR.3</th>
<th>IR.4</th>
<th>Total</th>
<th>Euro:</th>
</tr>
</thead>
</table>

☐ 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@hotellaprincipessa.it with subject: “WIMS 2017 – Registration of <full name>”