

International Workshop on Distributed Applications, Web Services, Tools and Grid Infrastructures for Bioinformatics

S. Margherita di Pula, Sardinia 10-13 July 2006

Registration Form

Please complete all the details on this form, using capital letters, to ensure that you are correctly registered. Use ONE form per person. This form may be photocopied as required.

Title: Prof Dr Mr Mrs Ms Sex: M F

First Name _____ Middle Initial _____

Last Name _____

Affiliation _____

Address _____

City _____ Post code _____ Country _____

Telephone _____ Fax _____

E-mail (please write clearly) _____

Name and Surname of Accompanying Person (if any) _____

NETTAB Participation to tutorial (free)

REGISTRATION FEES		
Participant	Early registration <small>(before 31 May 2006)</small>	Late Registration <small>(after 31 May 2006)</small>
Academic	€ 160,00 <input type="checkbox"/>	€ 200,00 <input type="checkbox"/>
Academic reduced* Reduction category: _____	€ 144,00 <input type="checkbox"/>	€ 180,00 <input type="checkbox"/>
Industry	€ 280,00 <input type="checkbox"/>	€ 350,00 <input type="checkbox"/>
Industry reduced* Reduction category: _____	€ 252,00 <input type="checkbox"/>	€ 315,00 <input type="checkbox"/>
Student (a student ID Card must be shown at the Conference site)	€ 100,00 <input type="checkbox"/>	€ 120,00 <input type="checkbox"/>

* The 10% reduction is applied on fees for members of ISCB (International Society for Computational Biology), BITS (Bioinformatics Italian Society), TABOO, AI*IA, BioinfoGRID. The same discount applies to partners of the HRBC Genomics Network, the Laboratory of Interdisciplinary Technologies in Bioinformatics (LITBIO) and the Oncology over Internet (O2I) project.

METHODS OF PAYMENT

Bank transfer (please fax a copy of the wire transfer)

Dip. Ing. Elettrica ed Elettronica - Universita' di Cagliari
Bank address: Banco di Sardegna, Viale Bonaria - 09100 Cagliari, Italy
IBAN: IT79W0101504800 00 00 000 43283

In the payment description please specify "NETTAB 2006", together with your name and surname.
Please make sure that bank transfer expenses are charged to the sender account holder.

Credit card (please, fax a copy of ID of the Credit Card holder)

Visa Euro/Mastercard American Express

Total amount due: _____

Card Number: _____ Expiration Date: ____/____

Card holder (as it appears on card): _____

Date of birth: ____/____/____ Signature: _____

Credit card charges cannot be processed without the above requested information

CONFIRMATION

Upon receiving the registration form and payment, you will be sent a confirmation e-mail.

I authorize the treatment of my personal data, in accordance with the Italian current law on privacy and personal data treatment (Law n. 196/2003).

Date ____/____/____

Signature _____

Please, fax this form to:

Mrs. Cristiana Bosoni
Fax: 0039 070 675 5900
email: reg.nettab06@diee.unica.it