

ICWS2010 REGISTRATION FORM

DATE SUBMISSION	___/___/___
TITLE	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss
NAME	
SURNAME	
STUDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE	
DEPARTMENT/DIVISION	
e-mail	
AFFILIATION/ORGANIZATION	
STREET/ADDRESS	
CITY/STATE	
COUNTRY/REGION	
POSTAL /ZIP CODE	
IWA NUMBER	
REGISTRATION FEE (+ 20% VAT INCLUDED)	€0,00
TECNICAL VISIT	<input type="checkbox"/> YES <input type="checkbox"/> NO

PAYMENT METHOD Website Online payment OR Bank Transfer to: (please specify “Name and Surname” of the participant to the conference and “Registration fee ICWS2010”) °	Name of account holder:	IRIDRA SRL
	Name of the Bank:	UNIPOL BANCA
	Branch Address	VIALE MATTEOTTI 7/R
	Locality and Post Code	FIRENZE – 50121
	Country	ITALY
	Bank code:	ABI: 03127 CAB: 02800
	Account number:	0020023181
	IBAN code:	IT82 T031 2702 8000 0000 0023 181
	SWIFT Code (BIC):	BAECIT2B
	VAT NUMBER (or Tax Identification Code)	
INVOICE DATA		



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