



## THE DIALECTS OF THE TRIBE

Florence (Italy) September 15<sup>th</sup>-17<sup>th</sup>, 2005

### REGISTRATION FORM

**One form per registrant. Photocopied forms are accepted**

**Return completed form and payment to the Organizing Secretariat**

**FIMO srl Via del Paradiso 6r – 50126 Florence (Italy) Ph.: +39 055 689972 Fax +39 055**

**6814164 E-mail: [fimo\\_srl@virgilio.it](mailto:fimo_srl@virgilio.it)**

#### PERSONAL DETAILS

Last name..... First name.....

Private address.....

City..... Zip code..... Country.....

Ph. .... Fax..... E-mail.....

Title..... Institution.....

Business address.....

City..... Zip code..... Country.....

Ph..... Fax..... E-mail.....

In order to receive the invoice for the payment, please provide us the following information:

#### INVOICE/RECEIPT INFORMATION

CF/VAT CODE.....

Register Invoice/Receipt to:

☐ Private Address    ☐ Business address    ☐ Other.....

Send Invoice/Receipt to:

☐ Private Address    ☐ Business address    ☐ Other.....

## CONGRESS REGISTRATION FEES

### Available Registration up to 150 participants

€ 70,00 (20% Vat included)

The Registration fee will provide the participants with access to:

- all Scientific Sessions
- Congress Kit
- Coffee Breaks and Lunches included in the program

## METHOD OF PAYMENT

- Cheque payable to FIMO. Srl
- Bank Transfer to FIMO Srl:  
Bank: Banca Popolare di Lodi – Ag. N° 3 - Florence  
Acc. N° 000000084748  
CAB : 2803 ABI: 5164 CIN: F IBAN: IT30F0516402803000000084748  
Swift Code: BPALITMLFIR
- Credit Card ☐ Visa  
☐ Master Card

Card Number \_\_\_\_\_  
Expiry Date (mm/yy) \_\_\_\_\_  
Card Holder's Name \_\_\_\_\_  
Signature \_\_\_\_\_

According to Italian Law n° 675/96 on privacy protection, all personal data will be treated strictly confidentially and used only by FIMO Srl to keep you informed on scientific events of your interest. Personal data will not be divulged to third parties.

Date ..... Signature.....