



Workshop "Proteomic Characterization of Macromolecular Complexes Involved in DNA Metabolism"

20-22 May 2009

AREA Science Park Congress Centre
Trieste, Italy

REGISTRATION AND HOTEL RESERVATION FORM

(Closing date for submission: 27 February 2009)

Please note that registration will be accepted only upon receipt of the registration fee.

To be sent by e-mail (proteomics09@quickline.it) or fax (+39-040-7606590)
to "Quickline Traduzioni&Congressi"

SECTION A PERSONAL DATA

Last name *	<input type="text"/>
First name *	<input type="text"/>
Affiliation *	<input type="text"/>
Nationality	<input type="text"/>
Position (<i>principal investigator, post-doc, student...</i>)	<input type="text"/>
Institute / Company	<input type="text"/>
Full work address	<input type="text"/>
City / postal code	<input type="text"/>
Country	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
E-mail	<input type="text"/>
Note: a written confirmation of your registration will be sent to this e-mail address.	
<i>I will submit an abstract</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
(*) Please, insert data as you want to appear on your personal badge.	

Section B REGISTRATION FEE

Participant	Euro 380,00	The registration fee includes attendance at the meeting, book of abstracts, coffee breaks, lunches and social dinner.
Accompanying person	Euro 60,00	The fee includes attendance at the social dinner
Name of accompanying person	<input type="text"/>	

SECTION C HOTEL RESERVATION

Confirmation of hotel reservation will be sent upon receipt of deposit.

All rates quoted are per night and include breakfast and all taxes.

A deposit of one-night stay is required for reservation at conference rates. Participants will pay the remainder directly to the hotel upon checkout.

Deposit will only be returned upon cancellation BEFORE 15 April 2009

Participant's Name:

Male: Female:

Check one option only (rates quoted in Euros/per night)

Rooms	3 stars Hotel	4 stars Hotel
Single room (1 person)	<input type="checkbox"/> 80	<input type="checkbox"/> 120
Double use single (1 person)	<input type="checkbox"/> 90	<input type="checkbox"/> 130
Twin share (2 persons sharing 1 room – price quoted for each person)	<input type="checkbox"/> 55	<input type="checkbox"/> 75
Double room (2 persons)	<input type="checkbox"/> 110	<input type="checkbox"/> 150

* *Name of Accompanying Person*
(for double room only):

** *Preferred Room-mate (for twin share):*

Name:

Institute/Company:

NB Unless both room-mates specify each other, they will be allocated on a first come first served basis.

Date of Arrival
Expected Arrival Time

Date of Departure
Mode of Transport

SECTION D SUMMARY OF PAYMENTS

Meeting Registration Fee (participant)	<input type="checkbox"/>	Euro
Accompanying person	<input type="checkbox"/>	Euro
Hotel deposit (minimum one night)	<input type="checkbox"/>	Euro
TOTAL AMOUNT		Euro

**Refunds cannot be guaranteed for cancellations made after 15 April 2009.
Cancellations before this date will be subject to a handling fee of Euro 50**

Method of payment

A) CREDIT CARD Please debit my Eurocard
 Mastercard
 Visa for the amount of Euro _____

B) Direct Bank transfer to:

Beneficiary: QUICKLINE SAS
Bank: Unicredit Banca Spa, Ag. Trieste Barriera Vecchia
IBAN code: IT 21 S 02008 02229 000100230804
SWIFT code: UNCRITB1VE2

A copy of the bank transfer document (clearly indicating "No charges to the beneficiary") must be sent to " Quickline traduzioni e congressi " by fax (fax number 0039 040 7606590) or by mail (proteomics09@quickline.it)

C) Only for Euro Zone participants

Cheque for the amount of Euro _____

I enclose cheque payable to: QUICKLINE SAS

Last name

First name

Mr.

Mrs.

E-mail

SECTION E (DETAILS FOR THE RECEIPT OF PAYMENT)

Please send receipt:

Name/Institute

Address

City

Postal Code

Country

For Italian participants only Codice Fisc. / P.IVA

Receipt to be sent to

SECTION F (ITALIAN PARTICIPANTS ONLY)***Informativa ai sensi della privacy***

Autorizzo il trattamento dei miei dati personali ai sensi della legge sulla privacy DLGS 196/2003

Firma per accettazione _____