Accretion and Ejection in AGN : a Global View

Società del Casino (Como – Italy), June 22-26, 2009

PAYMENT FORM

Please fill out all sections of this form using block letters and return to:

Centro di Cultura Scientifica "A. Volta" - Villa Olmo – via Cantoni, 1, 22100 Como - Italy
Fax +39-031-573395 - *E-mail*: *mariagiovanna.falasconi@centrovolta.it*

Family Name		First Name	
Address			
ZIP, Town and Country			
Telephone		Fax	
E-mail			

REGISTRATION FEES (VAT 20% INCLUDED)	**Before May 15th€** **€ 350,00** ❑	**After May 15th** **€ 400,00** ❑

PAYMENT DETAILS:

❑ I enclose a copy of the **bank transfer** made out to *Centro Volta*, "AGN_Como09", drawn on Banca Intesa San Paolo SpA, via Rubini 6, 22100 Como, **c/c 000021407162 - ABI 3069 - CAB 10910 - CIN R** - **IBAN**: IT 95 R030 6910 9100 0002 1407 162

❑ I wish to pay by **credit card**:

Visa ❑ Mastercard ❑ Eurocard ❑

Card number _____ Expiry Date_____

Name of cardholder_____

Signature _____

❑ I wish to pay by credit card on line using the secure PayPal System (please refer to the website http://www.centrovolta.it/agncomo09/ for details.

Important::

I would like to have: ❑ receipt to be picked up during the congress ❑ invoice

Invoice to be addressed

to_____

_____

VAT identification number_____

Please note that without the VAT identification number we cannot issue the invoice.

CANCELLATION POLICY: Before June 15th: full refunding (except € 80 for administrative fees)
After June 15th: no refunding for cancellation

I hereby authorise Centro di Cultura Scientifica "A.Volta" to include my details on its mailing list for the distribution of information material. In accordance with art. 13 of Law 675/96, I may have access to these details at any time and request their modification and cancellation.

Date _____ Signature _____