



Title _____ Last Name* _____ First Name* _____

Institution* _____

Department* _____

Telephone* _____ Fax _____ e-mail* _____

Invoice to (*only if different from participant) _____

e-mail address where the invoice will be sent* _____

Fiscal/VAT code (mandatory)* _____

Address* _____

Postal code* _____ City* _____ Country* _____

(*mandatory fields)

REGISTRATION FEES (NOTE: registration is not possible later than September 28th)

Fees (include: conference kit, coffee breaks, lunch, and social dinner) [§]	until August 31 st	from September 1 st to 28 th
<input type="radio"/> Regular Participant	€ 350	€ 450
<input type="radio"/> Student or Ph.D. student (attach a document certifying that you are student)	€ 250	€ 350
<input type="radio"/> Member of PATHWAY-27, CHANCE, INFOGEST, FOOTBALL, ENPADASI consortia	€ 280	€ 360
<input type="radio"/> Member of Magnetic Resonance in Food, SINU, SIB, OTA	€ 280	€ 360
<input type="radio"/> Fee Agreement FoodOmics organisation	free	free

Discount for the **fourth participant coming from the same Department** ("Pay 3 come 4", see details on web):

Fourth Participant from the same Department ☐ free

Name of other participants: 1. _____ 2. _____ 3. _____

METHOD OF PAYEMENT (do NOT charge the bank transfer expenses to the recipient):

Please remit the total amount for the registration fee.

☐ **Bank transfer** to (please specify **FOOD-OMICS Registration Fee of last name and first name**):

Ser.In.Ar. Forlì-Cesena Soc. Cons. p. A. via Uberty, 48 – 47521 Cesena (FC) Italy
 Bank Cassa di Risparmio di Cesena - sede
IBAN: IT 32 R 06120 23901 CC0010026 408 **BIC SWIFT:** CECRIT2C

☐ **Credit card** authorization (sorry on line payment not possible):

Card holder's name (last name and first name): _____

Credit card number: _____ CVV _____ (the CVV is a 3 or 4 digit code embossed/imprinted on the reverse side)

Total amount[#]: € _____ Charge my: ☐ Visa ☐ CartaSi ☐ Mastercard

Expiration date: _____ Card holder's Signature: _____

[#]In case of payment by credit card add 15 € to the fee for administrative expenses

[§]**Lunch & Social Dinner special requests:** please let us know of any food allergies

ITALIAN LAW ON PRIVACY (Legge 196/2003):

I authorize Ser.In.Ar. Forlì-Cesena Soc.Cons.p.A. and Organizing Committee FOOD-OMICS to use my personal data in order to document my participation to the FOOD OMICS Conference and to include my name, affiliation, address and e-mail in the abstract book:

Date _____

Signature _____

Please fill this form and send it, with a copy of the bank transfer, by mail, fax or e-mail at the following address:

Ser.In.Ar. Forlì-Cesena Soc. Cons. p. A. Via Uberty, 48, 47521 Cesena (FC) Italy
 fax: +39-0547-368321 e-mail: lbinetti@criad.unibo.it