

Frontiers of Opto- and Electro-Mechanics workshop

Sport Hotel Panorama
Fai della Paganella (TN), January 27-30, 2014

CONFERENCE REGISTRATION AND HOTEL RESERVATION FORM

Given Name: _____ Last Name: _____

Affiliation: _____

Are you applying for a fellowship?

Poster title: _____

PLEASE REGISTER ME TO THE WORKSHOP

Residence Address:

Street: _____ n. _____ City: _____

Country: _____ ZIP: _____

Telephone: _____ Email: _____

PLEASE BOOK UNDER MY NAME

One double room at 88 €

One single room at 114 €

[Prices are per person per night, including meals and full use of hotel facilities]

I would like to share the room with: _____

Arrival date: _____ Departure date: _____

I will pay the workshop registration fee (100 € - cash only) plus the accommodation expenses at the Hotel front desk upon arrival.

I paid the registration fee (100 €) through a money transfer to the Scuola Normale Superiore bank account:

Scuola Normale Superiore
Monte dei Paschi di Siena Spa
Lungarno Pacinotti, 9
56127 Pisa

IBAN: IT53E0103014000000003800027

Indicating the reason for payment as: "Registrazione al workshop di optomeccanica 2013"

and will pay the accommodation expenses at the Hotel front desk upon arrival.

Credit card information (just for reservation purposes):

Name as it appears on the card: _____

Type: _____ Number: _____

Expiration date: _____ Security Code: _____

Date,

Signature