WIMS 2017 Registration Form

Registration Fees

IR.1.	Early Full Registration (before May 30, 2017)	Euro 550,00 (+ Euro 80,00 for each additional page)
IR.2.	Late and On-Site Full Registration	Euro 625,00 (+ Euro 80,00 for each additional page)
IR.3.	Early Student Registration (before May 30, 2017)	Euro 300,00
IR.4.	Late and On-Site Student Registration	Euro 350,00

Student registration is allowed to co-authors for which another co-author already performed the full-registration. For each paper, one full-registration is required.

A letter on headed note-paper from their University signed by their Head of Department/School confirming their full-time studentship status is required. Please email the document together with the registration form

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Registration Form

Paper ID (*for authors only*): |_____|

(for multiple papers presented by the same author, please list all the IDs)

Name |_____| Surname |_____|

Affiliation (for the badge) |_____|

Full Address: |_____|

Phone |_____| Fax |_____| E-mail |_____|

Payment

Registration Type	IR.1 ☐	IR.2 ☐	IR.3 ☐	IR.4 ☐	Euro:
				Total	**Euro:**

☐ I enclose a copy of the credit card payment form order **(mandatory for early and late registration)**
☐ I will pay on site (cash)
(At least one author for each accepted paper is requested to early register by May 30, 2017)

Food intolerances or special food requirements (ex. Vegetarian)_____
_____

Date of arrival _____ Date of departure _____

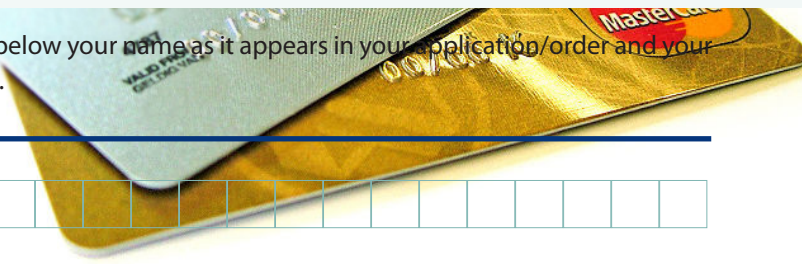**Receipt of Registration:**
☐ Receipt for fiscal purposes
☐ Invoice for: COMPANY NAME:_____
      ADDRESS:_____
      VAT ID:_____

Date _____   Signature _____

*Please **fill in and sign** the registration form and send it by email with a copy of the enclosed credit card payment form order to: **info@hotellaprincipessa.it** with subject: "**WIMS 2017 –Registration of < full name>**"*

Credit Card Payment Form

WIMS'17

Please type or print legibly. To pay by credit card, please fill in below your name as it appears in your application/order and your ID number. Complete the cardholder information as requested.

1 Applicant name

First (given) and middle names (leave a space between names)

Last (family/surname) names (leave a space between names)

2 ID number

3 Applicant birth date (spell the month and enter numbers for the day and year)

Month   Day   Year

4 Cardholder information

Cardholder name (as it appears on card)

First name, middle initial and last name (leave a space between names)

Credit card type (check one)   ☐ Visa   ☐ Mastercard

Cardholder address (for processing credit card payments only)

Street

Street

City   State/Province

Post/Zip code   Country

Credit card number   **CVV2 number*** (see below for explanation)

Expiration date Month   Year   **Total charges**

*Explanation of credit card CVV2 number

Visa and MasterCard: This number is printed in the signature area on the back of the card (they are the last 3 digits after the credit card number).

FOR INQUIRIES CONCERNING YOUR ACCOUNT, PLEASE CALL

444433332221111 678

NOT VALID
UNLESS SIGNED

AUTHORIZED SIGNATURE

5 Cardholder signature (authorization for payment)

I hereby authorize a charge to my credit card for the total of all services ordered in this application including any fee adjustments in effect as of the date the order is received.

Signature of authorized cardholder

WIMS'17