

PLEASE COMPLETE THE TWO PAGES OF THIS FORM
AND SEND THEM TO THE ORGANIZING SECRETARIAT
EITHER BY FAX - +39 011 534409 OR E-MAIL congressi@stilema-to.it

Venice, Italy
February 13 -15, 2008

IT-NEWS 2008: 4th International Telecommunication NETworking WorkShop
on QoS in Multiservice IP Networks (former QoS-IP)

REGISTRATION FORM

First Name _____ Last Name _____

Place of Birth _____ State _____ Date of Birth _____

Title/Position _____

Company/Organization _____

Department _____

Address _____

City _____ State _____ ZIP _____ Country _____

Phone _____ Fax _____ e-mail _____

Paper number (if applicable) _____

Invoice Details

Company Designation/Name _____

C.F. _____ P.IVA - VAT _____
(for Italian participants, only)

Address _____ No _____

Postal Code _____ City _____ Country _____

CONFERENCE FEES

Very competitive rates were negotiated, given the very high standard of luxury five stars San Clemente Hotel.

	Early <small>(Before December 1st, 2007) (Authors Before November 5th, 2007)</small>	Regular <small>(After December 1st, 2007)</small>	Total Registration
<input type="checkbox"/> Conference and Accommodation <small>Includes: conference participation, room, breakfast, lunch, dinner and coffee breaks for 3 days at San Clemente (February, 13-14-15 IN 12/2 OUT 15/2)</small>	€ 1050,00 <small>(single room)</small> € 900,00 <small>(per person sharing a double room)</small> Sharing with _____	€ 1300,00 <small>(single room)</small> € 1150,00 <small>(per person sharing a double room)</small>	€ _____ € _____
<input type="checkbox"/> Conference Registration Only <small>Includes: conference participation, lunches and coffee breaks for 3 days</small>	€ 650,00	€ 800,00	€ _____
<input type="checkbox"/> Student Registration <small>Includes: conference participation, lunches and coffee breaks for 3 days at San Clemente</small>	€ 500,00	€ 650,00	€ _____
<input type="checkbox"/> Extra page fee <small>Extra page fee is per page for papers over 6 pages. Maximum of 2 extra pages per paper is allowed. Paper number _____</small>	€ 100,00 x _____ pages		€ _____
HOTEL REGISTRATION ONLY			
	DAY IN _____	DAY OUT _____	
<input type="checkbox"/> Accommodation only <small>at Hotel San Clemente</small>	€ 210,00 per day x _____ days <small>(single room)</small>		€ _____
	€ 130,00 per day x _____ days <small>(per person sharing a double room)</small> Sharing with _____		€ _____
<input type="checkbox"/> Additional Dinner	€ 40,00 per dinner x _____ days		€ _____
TOTAL AMOUNT			€ _____

Special needs _____

Cancellation Policy

To cancel your registration please notify the Secretariat in writing. Refunds will be made if cancellation occurs by December 1st, 2007. A fee of € 100,00 will be charged for processing the cancellation. No refund will be made for cancellations received after January 31 or for no shows.

Payment

Bank Transfer to STILEMA S.r.l.

Banca Sella - Piazza Castello, 127 - Torino (Italy) - Ag. 30 - Account N.: 000905851810 - ABI 3268 - CAB 01000 - CIN G - IBAN IT 63 G 03268 01000 000905851810 - SWIFT SELBIT2BTOR

Participant's name and Conference reference must be clearly indicated in the bank transfer. All charges must be paid for by registrant. **Please send a copy of your bank transfer by fax** to the Secretariat: +39 011534409

Credit Card: VISA MasterCard Diners Club

Card Holder Name _____

Card Number _____ Exp Date: _____ Month _____ Year _____

Authorized Signature _____

Privacy: We warrant complete privacy on personal data (Italian Law n. 196/2003). Data will be kept and used for communications concerning the conference organization only. The list of participants will be available at the conference. I agree to publish my name and institution

Yes No Date _____ Signature _____

Organizing Secretariat

Stilema - Via Cavour, 8 - 10123 Torino - Italy

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