



## ETACM Meeting 2010 October 6th – 8th, 2010 – Anacapri – Naples, Italy

Family Name:	<input style="width: 90%;" type="text"/>	Title:	Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/>
First Name:	<input style="width: 90%;" type="text"/>	Postal address:	<input style="width: 90%;" type="text"/>
University/ Company:	<input style="width: 90%;" type="text"/>	City - Country	<input style="width: 90%;" type="text"/>
Telephone:	<input style="width: 90%;" type="text"/>	E-mail:	<input style="width: 90%;" type="text"/>

### Accommodation

Hotel BIANCAMARIA\*\*\*       Hotel BOUGAINVILLE\*\*\*

Single Room       Twin Room       Double Room

Check-in Date

Check-out Date

If you intend to share a room with another Registrant, please indicate registrant's name:

### Payment Form

As guarantee for the reservation one night deposit is required

a) Credit card (VISA, MasterCard, American Express) - Please fill in the following form

**Please charge the amount of ..... Euro to my Credit Card:**

Visa       Mastercard       AmericanExpress

Owner name \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Security number (the last three digits on the reverse side of the card) \_\_\_\_\_

**Owner Signature**

\_\_\_\_\_

b) International Bank Transfer (net of bank charges) to:

**Beneficiary Company:** Yes Meet - address: Via S. Nicola, 4 - 80067 Sorrento (NA), Italy

**Bank:** Banco di Napoli – Filiale di Sorrento      **Account number:** 1000 / 00003235

**Iban code:** IT34Z0101040260100000003235      **Beneficiary Bank Bic/Swift code:** IBSPITNA

c) National Bank Transfer / Bonifico Nazionale (for Italian participants)

**Beneficiario:** Yes Meet      **Banca:** Banco di Napoli – Filiale di Sorrento

**Codice IBAN:** IT34Z0101040260100000003235

**INFORMATION AND CONSENT** Pursuant to the legislative decree no. 196/2003 Data Protection Code, YES MEET declares that the data processing is indispensable for the purposes connected with the performance of the services provided.

With this signature I permit the use of my personal data for the purposes related to these services and in compliance with the above mentioned legal regulations.

Date.....

Signature.....