



11<sup>th</sup> International  
Conference on Fracture  
Turin (Italy) - March 20-25, 2005

ID number \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**WARNING! IF YOU HAVE SUBMITTED AN  
ABSTRACT PLEASE INSERT YOUR ID NUMBER**

## REGISTRATION FORM

Please fill in and return with the appropriate payment enclosed to the Organizing Secretariat by fax or regular mail service

E-mail \_\_\_\_\_

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Title \_\_\_\_\_

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Fiscal Code - VAT number \_\_\_\_\_

### Invoice details (if different from above)

Invoice Heading \_\_\_\_\_

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Postal Code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

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### Registration Fees

**Include:** access to all Conference Sessions, to commercial exhibition, document case with programme, Short Abstract Book and Extended Abstract Collection (cd rom), welcome reception, coffee breaks, banquet(\*\*). **If you wish to have your paper published in the Short Abstract Book and in the CD-ROM, your fee must be paid within January 31, 2005.**

### Type of Registration

Authors registration	Fee per person (VAT included)	Banquet confirmation	Please indicate your abstract ID number
<input type="checkbox"/> <b>Early Registrations</b> (Before December 15, 2004)	Euro 480,00	<input type="checkbox"/> Yes <input type="checkbox"/> No	ID: ____/____/____/____
<input type="checkbox"/> <b>Late Registrations</b> (After December 15, 2004)	Euro 520,00	<input type="checkbox"/> Yes <input type="checkbox"/> No	ID: ____/____/____/____
<input type="checkbox"/> <b>Students (*)</b>	Euro 300,00		ID: ____/____/____/____
<input type="checkbox"/> <b>Banquet for Students and Accompanying Persons</b>	Euro 80,00	Numbers of participants _____	Total Euro _____

(\*) Student registration should be accompanied by a letter from the Department Head confirming student status.

(\*\*) Student fee does not include banquet.

### Type of Payment

**INTERNATIONAL BANK CHECK OR PERSONAL CHECK**, not transferable, made payable to Centro Congressi Internazionale srl  
Check number \_\_\_\_\_ Bank \_\_\_\_\_

**BANK TRANSFER TO** Centro Congressi Internazionale srl  
**Bank:** UNICREDIT BANCA D'IMPRESA AGENCY 6759 - Torino - Italy  
**International Code:** IBAN IT58U0322601001000004116264 **Swift Code:** UNCRIT2VTOJ  
**COORDINATE BANCARIE NAZIONALI:** BBAN: CIN: U - ABI: 03226 - CAB: 01001 - C/C: 000004116264

**It is essential that you include the reference "ICF11 2005", the delegate name(s) and organization name on all bank transfer documentation. Please send a copy of your bank transfer to the Organizing Secretariat (Fax + 39 011 2446900).**

**CREDIT CARD**  
 Visa  Eurocard  Mastercard  American Express  
Credit Card number \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_  
Card holder's name \_\_\_\_\_ and birthday \_\_\_\_\_  
Place of residence \_\_\_\_\_ Expire date \_\_\_\_\_ Card holder's signature \_\_\_\_\_

Registrations by phone are not accepted

Pre-registration closes on March 11, 2005, after this date register directly on site.

Privacy - Italian law n. 675/96 - We warrant complete privacy on personal data. Data will kept and used only for communications concerning the Conference Organization.

Date \_\_\_\_\_

Signature \_\_\_\_\_