
 IUFA 2009 Bologna June 13-17 2009	 Registration Form
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1) **Participant Data:**

Family Name _____ First Name _____
 Country of Birth _____ Date of Birth _____
 Affiliation (bill to) _____
 Address _____
 ZIP _____ Town _____ State/Nation _____
 Phone _____ Fax _____ E-mail _____
 Fiscal/VAT code (mandatory) _____

2) **Registration fees:** (please check the appropriate box)

Fee Package	Registration Deadline	Fee
Full conference fee (early registration)*	10th April 2009	<input type="checkbox"/> FELLOWS €235 <input type="checkbox"/> ACCOMPANYING GUESTS €210 <input type="checkbox"/> INTERNATIONAL NON FELLOWS €500 (or €150 per day)
Full conference fee (AFTER 10th April)*	Up until the Conference	<input type="checkbox"/> FELLOWS €280 <input type="checkbox"/> ACCOMPANYING GUESTS €250 <input type="checkbox"/> INTERNATIONAL NON FELLOWS €500 (or €150 per day)

*The full conference fee includes conference attendance, materials, coffees, opening reception on the evening of Saturday 13th June, and dinner on the evening of Tuesday 16th June. No reimbursement will be available for registered participants who cancel after 29th May 2009.

3) **Method of Payment**

- Bank transfer headed to (please specify **IUFA 2009 Registration Fee**):
Ser.In.Ar. Forli-Cesena Soc.Cons.p.A. viale F.Corridoni, 18 – 47100 Forli (FC)
 Bank **Cassa di Risparmio di Cesena – filiale di Forli -**
BIC SWIFT: CECRIT2C
IBAN: IT73 L061 2013 2000 0000 0000 521
Please, send a copy of the bank transfer together with the registration form.

Credit card authorization:

Card holder's name: _____
 Credit card number: _____ Total amount: _____ Euro
 CVV Code (the CVV is a 3 or 4 digit code embossed imprinted on the reverse side) _____
 Charge my: Visa Cartasi Mastercard
 Expiration date: _____ Card holder's Signature: _____

ITALIAN LAW ON PRIVACY (Legge 196/2003): I authorize Ser.In.Ar. Forli-Cesena Soc.Cons.p.A. and "Comitato Organizzatore IUFA 2009" to use my personal data in order to document my participation to the IUFA 2009 Conference and to include my name, affiliation, address and e-mail in the conference participants' list:

Date _____ Signature _____

Please fill this form and send it by mail, fax or email to the following address:

Ser.In.Ar. Forli-Cesena Soc. Cons. p. A., c/o ANTARES, Corso Diaz, 45 – 47100 Forli (FC), Italy
 Phone: +39-0543-374832 Fax : +39-0543- 374832 Email: poloforli.antares@unibo.it

U.S. attendees registration, please contact:
 Marsha Schachtel, Johns Hopkins Institute for Policy Studies
 Telephone:410.516.5183 Fax:410.516.8233 Email:mschacht@jhu.edu