



Title \_\_\_\_\_ Last Name\* \_\_\_\_\_ First Name\* \_\_\_\_\_

Institution\* \_\_\_\_\_

Department\* \_\_\_\_\_

Telephone\* \_\_\_\_\_ Fax \_\_\_\_\_ e-mail\* \_\_\_\_\_

Invoice to: \*  
(only if different from participant)

Fiscal/VAT code (obligatory)\* \_\_\_\_\_

Address\* \_\_\_\_\_

Postal code\* \_\_\_\_\_ City\* \_\_\_\_\_ Country\* \_\_\_\_\_

(\*mandatory fields)

**REGISTRATION FEES** (NOTE: registration is not possible later than May 15<sup>th</sup>)

Fees	until April 25 <sup>th</sup>	from April 26 <sup>th</sup> to May 15 <sup>th</sup>	Social Dinner <sup>§</sup>
<input type="radio"/> Regular Participant	€ 350	€ 450	€ 45
<input type="radio"/> Student or Ph.D. student (attach a document certifying that you are student)	€ 250	€ 350	€ 45
<input type="radio"/> Member of EU Projects CHANCE, PATHWAY-27 or COST action INFOGEST	€ 280	€ 360	€ 45
<input type="radio"/> Member of Magnetic Resonance in Food Group	€ 280	€ 360	€ 45
<input type="radio"/> Fee Agreement <b>FoodOmics organisation</b>	free	free	free

Discount for the **fourth participant coming from the same Department** ("Pay 3 come 4", see details on web):  
 Fourth Participant from the same Department  free  
 Name of other participants: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**METHOD OF PAYEMENT** (do NOT charge the bank transfer expenses to the recipient):

Please remit the total amount for the registration fee and the social dinner (if booked).

**Bank transfer** to (please specify **FOOD-OMICS Registration Fee of last name and first name**):

**Ser.In.Ar. Forli-Cesena Soc. Cons. p. A.** via Uberti, 48 – 47521 Cesena (FC) Italy  
 Bank Cassa di Risparmio di Cesena - sede  
**IBAN:** IT 32 R 06120 23901 CC0010026 408 **BIC SWIFT:** CECRIT2C

**Credit card** authorization (sorry on line payment not possible):

Card holder's name (last name and first name): \_\_\_\_\_

Credit card number: \_\_\_\_\_ CVV \_\_\_\_\_ (the CVV is a 3 or 4 digit code embossed /imprinted on the reverse side)

Total amount<sup>#</sup>: € \_\_\_\_\_ Charge my:  Visa  Cartasì  Mastercard

Expiry date: \_\_\_\_\_ Card holder's Signature: \_\_\_\_\_

<sup>#</sup>In case of payment by credit card add 15 € to the fee for administrative expenses

**§Social Dinner:** please let us know of any food allergies

ITALIAN LAW ON PRIVACY (Legge 196/2003):

I authorize Ser.In.Ar. Forli-Cesena Soc.Cons.p.A. and Organizing Committee FOOD-OMICS to use my personal data in order to document my participation to the FOOD OMICS Conference and to include my name, affiliation, address and e-mail in the abstract book:

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please fill this form and send it, with a copy of the bank transfer, by mail, fax or e-mail at the following address:

Ser.In.Ar. Forli-Cesena Soc. Cons. p. A. Via Uberti, 48, 47521 Cesena (FC) Italy  
 fax: +39-0547-368321 e-mail: lbinetti@criad.unibo.it