

# 3<sup>rd</sup> Italian Workshop on Eclipse Technologies Eclipse – IT 2008

November 17-18, 2008  
Università di Bari  
Dipartimento di Informatica  
Bari, Italy

## EARLY REGISTRATION FORM

**DEADLINE: OCTOBER 30 2008**

to be completed in block letters and sent to

**Centro Italiano Congressi CIC Sud  
Viale Escrivà, 28 – 70124 Bari (Italy)  
Fax +39 080/5043736 email: [info@cicsud.it](mailto:info@cicsud.it)**

Last name.....First name .....

Company/Institution.....

Address.....

City.....Postal/Zip code.....

Phone.....Fax.....

email.....

### **INVOICE TO (obligatory fields):**

COMPANY/INSTITUTION NAME AND ADDRESS.....

.....

SOCIAL SECURITY and VAT NUMBERS.....

.....

**Registration fee (VAT INCLUDED)**

Registration by October, 30 € 90.00

The Registration for participants fee includes: attendance at workshop sessions and social functions, full conference kit and certificate of attendance.

**Method of payment**

Fee should be paid to the Organizing Secretariat by:

**Credit Card**

Please charge the total amount of ..... to the following credit card:

VISA       MasterCard

Your signature indicates your agreement to pay the fees with the credit card number provided below

Name (as it appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ / Year: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

**Non-transferable bank cheque** made payable and sent to Centro Italiano Congressi CIC SUD

no. ....BANK.....

**Bank transfer** to Centro Italiano Congressi CIC Sud

Banca Intesa Bari Branch no. 3 - IBAN IT51 R030 6904 0490 5947 2810 153

SWIFT CODE: BCITIT 33200

(please make reference to "ECLIPSE 2008" and enclose a copy of your bank transfer)

**PAYMENT HAS TO BE MADE WITH THE INSTRUCTIONS "WITHOUT CHARGES TO THE BENEFICIARY"**

Signature..... Date.....

*Pursuant to the Italian Act on privacy no. 196 of June, 30, 2003, I hereby authorize to use my personal data contained herein.*