

Toxicity Testing in the 21st Century and Alternative Methods
Milan, Italy, 26th November 2010

REGISTRATION FORM

To be sent to the Organizing Secretariat: IANTRA Srl
Piazza Donatori di Sanguie 5 - 37124 Verona
Phone +39 045 8303306 - Fax +39 045 8388581 E-mail: info@iantra.it

Please TYPE or write in CAPITAL LETTERS

Mr Mrs Dr Prof

Family Name _____

First Name _____

Institution _____

Address _____

Zip Code _____ City _____

Country _____

Phone _____

Fax _____

e-mail address _____

Invoice heading: Name _____

Address _____

Zip Code _____ City _____

Country _____

Vat No./Fiscal code
(if applicable) _____

N.B. the payment of the registration fee made by companies/institutions must be authorised in writing by a company/institution officer. The authorisation must specify name, address and VAT number of the company/institution,

Privacy Informative declaration (Law D.Lgs 196/03)

I authorise I do not authorise
the use of my personal data by IANTRA Srl. to process my registration and to issue the participants list.

REGISTRATION FEES (VAT 20% included)

	BEFORE 15/10/2010	AFTER 15/10/2010
MEMBERS (IPAM, <i>ecopa</i>)	€ 150.00	€ 180.00
NON-MEMBERS	€ 200.00	€ 250.00
STUDENTS**	€ 100.00	€ 100.00

The meeting fees include attendance to IPAM-*ecopa* WORKSHOP on Nov. 26th ONLY, plus abstract book, coffee breaks and working lunch. The *ecopa* GENERAL ASSEMBLY on Nov. 27th is free of charge to members of *ecopa* and national consensus platforms. Please tick below to indicate your attendance.

IPAM WORKSHOP ONLY Nov. 26th

ecopa ASSEMBLY ONLY Nov. 27th

BOTH DAYS

**The applications for students reduced fee have to be accompanied by a formal letter from their academic institution, testifying their status.

I enclose the following fee:

Member Non-member Student € _____

My payment is made by

Bank-to-bank transfer (**net of bank charges**) in favour of Iantra S.r.l.
BANCA POPOLARE DI VERONA, Agency of Quinzano
IBAN Code: IT16Q051881172800000007909 Swift Code: VRBPIT2V162
Copy of the bank transfer must be sent together with this form by fax or e-mail.

Credit card (please fill all the spaces)

I the undersigned, _____ authorize Iantra srl to

charge the sum of € _____ on the card specified below.

Visa MasterCard

Card No. _____

Expiry Date _____ CVV2 code _____

Cardholder's name _____

date _____ Signature _____

CANCELLATIONS AND PENALTIES

Cancellations of the registration must be sent in writing to Iantra Srl.
Cancellations received by **26th October 2010** are entitled to a complete refund.
There will be no refund for cancellation received after 26th October.
Name substitutions are always possible.