Please, fill out and return by fax to
Attention: Imma Acunzo FAX: + 39 081 676574

Paper No (author only): __________

**Author registration deadline** is July 28th 2008
**Early registration deadline** is September 1th 2008

Paper Title (author only)
________________________________________________________________________
________________________________________________________________________

First Name: ________________________________________________________________
Last Name: ________________________________________________________________
Affiliation: _______________________________________________________________
Address: __________________________________________________________________
City: ____________State/Province: ______________Country: ______________ 
Zip Code: ______________ E-mail: ______________ Phone: ______________________
FAX: ______________

Accompanying Person(s) __________________________________________________________

Conference registration fees: (Please check the one which applies)

<table>
<thead>
<tr>
<th></th>
<th><strong>Author registration</strong> (before July 28) and <strong>Early registration</strong> (before September 1)</th>
<th><strong>Late</strong> (after September 1) and <strong>on site registration</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Registration</td>
<td>400 euro</td>
<td>500 euro</td>
</tr>
<tr>
<td>Student Registration</td>
<td>200 euro</td>
<td>250 euro</td>
</tr>
<tr>
<td>Accompanying Person</td>
<td>100 euro</td>
<td>100 euro</td>
</tr>
</tbody>
</table>

**Registration fees include** admission to the conference, proceedings, official programme events, conference package, social events and coffee breaks during the conference.

* At least one author for each paper has to register before July 28.
Please note that your credit card payment will be handled by CINI for SUM 2008.

Email any question regarding registration to: info@consorzio-cini.it

Also note that in order to process your credit card CINI will need the following information:

Total Due: EU €______________________________

Card Type: [ ] VISA [ ] MASTERCARD

Card Number: ________________________________
Exp Date (MM/YY): ___________________________
Security Code (CVV): _____

Zip code (US domestic cardholder only) _______________________
Billing address
________________________________________________________________________
________________________________________________________________________

Name on card: ________________________________

I, the undersigned, certify that I have read and hereby accept the conditions of registration as stated in this registration form

Signature: ________________________________

Date __________________________