

# **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.*