

15th International Workshop on Micromachined Ultrasonic Transducers (MUT 2016)

Roma, Italy, June 9-10 2016

REGISTRATION FORM

All the following fields are mandatory to ask for the payment receipt

REQUIRED INFORMATION:

Please print clearly or type: Title: Prof. Dr. Mr. Ms.

Family name _____ Given name _____

Institution/Company _____

Mailing Address _____ City _____

Postcode _____ State _____ Country _____

V.A.T. number _____ Phone _____

E-mail _____

REGISTRATION FEES

		Amount Remitted
Full Registration (includes social dinner and tour)	350 €	_____ €
Guest (includes social dinner and tour)	200 €	_____ €

TOTAL REMITTED _____ €

METHOD OF PAYMENT

I have ordered a wire transfer to:

Account Holder: AXIT srl, Via G. Fuggetta, 8 - 00149 Roma - Italy

Bank: MPS Ag. Roma Via Oderisi da Gubbio, 177 - 00146 Roma - Italia

SWIFT Number: PASCITM1Z84 *IBAN Number:* IT 88 D 01030 03319 000063125172

Account Number: 000063125172 *ABI:* 01030 *CAB:* 03319

Reason for the bank transfer: MUT2016 – Name of the attendee (do not forget to mention this)

Attach a copy of the Wire Transfer receipt with your registration form

Credit Card

I have paid the registration fee by credit card through the online payment system.

Attach a copy of the credit card payment receipt with your registration form

Signature _____

Send by email to:

info@axit.it