



EUROMECH COLLOQUIUM # 529 REGISTRATION FORM



MAILING ADDRESS:

TITLE (*Prof., Dr., etc.*) _____

FAMILY NAME _____

FIRST NAME _____

WORK ADDRESS:

INSTITUTION: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____ COUNTRY: _____

PHONE: _____ FAX: _____

E-MAIL: _____

SCIENTIFIC AND SOCIETY INFORMATION:

RESEARCH INTERESTS: FLUIDS SOLIDS FLUID & SOLIDS

Please indicate if you are a member of:

AIMETA | CMS | IMA | RNCTAM
 AFM | Gamm | MECAMAT

Please, mark the proper box below:

EUROMECH MEMBER: Membership No: _____

ERCOFTAC MEMBER: Membership No: _____

Please, mark the proper box below:

Registration Fee	EUROMECH and/or ERCOFTAC member	non member
<i>Early registration:</i> by April 30, 2011	<input type="checkbox"/> € 300	<input type="checkbox"/> € 350
<i>Regular Registration:</i> after April 30, 2011	<input type="checkbox"/> € 350	<input type="checkbox"/> € 400
<i>Late registration:</i> after June 20, 2011	<input type="checkbox"/> € 440	<input type="checkbox"/> € 490

BANK TRANSFER INFORMATION:

Bank: _____ Transfer date: _____

DATE: _____

SIGNATURE: _____

Please, send the present form, with a copy of the bank transfer to the Secretariat
 by fax: +39 070 275281 or by e-mail: cvfm@unica.it