

**ICRPS ITALY 2013 – 10<sup>TH</sup> INTERNATIONAL COMPARATIVE RURAL POLICY  
STUDIES SUMMER INSTITUTE**  
*June 16<sup>th</sup> - 30<sup>th</sup>*

**FACULTIES REGISTRATION FORM**

**1) Personal data**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Univ./Company: \_\_\_\_\_  
Department: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**2) Billing address (This is the address that will appear on the invoice. Please, fill in if the billing address should be different from the data provided at point 1.)**

Univ./Company: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Fiscal code or P.iva (only for Italian people) \_\_\_\_\_

**3) Registration fee : € 115,00/per nights of your staying**

*It includes full board accommodation in single\* room at the University Residential Centre, all meals and support materials.*

**\*please specify if you need a double room and indicate you roommate (costs at his own to be payed on site)**

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**Date in.....date out.....**

Arrival time at Forlì train station\*\* .....

*\*\* A shuttle service from Forlì Train Station to the course venue will be provided just for those arriving on Sunday, 16<sup>th</sup> (h: 6.00 pm - to be defined). If you plan to arrive later the best option is to catch a taxi: You should find it immediately out of Forlì train station. Cost from € 25,00 to € 30,00.*

**Total to be payed: € 115,00 X .....nr. night of staying = €.....**

**4) Methods of payment (please choose if bank transfer or credit card):**

- Bank transfer headed to:

Ce.U.B. Soc. Cons. Arl, via Frangipane, 6- 47032 Bertinoro (FC) – Italy  
Banca Popolare dell’ Emilia Romagna (filiale di Bertinoro)

Italian Participants must use the following account coordinates:

BBAN: CIN:=N ABI =05387 CAB=67721 Account n.: 000001052782

Other participants must use the following account coordinates:

IBAN: IT19 CIN=N= ABI= 05387 CAB=67721 Account n: 000001052782

BIC: BPMOIT22

PLEASE SPECIFY IN THE PAYMENT: ICRPS ITALY 2013

**Please, attach a copy of the bank transfer to this registration form**

- Credit card authorization. Please note that in case of credit card payment you have to consider a **3,5% extra charge due to commission.**

Card holder’s name: \_\_\_\_\_

Number of the credit card: \_\_\_\_\_

Total amount to be charge : \_\_\_\_\_ + 3,5%

Charge my:  Visa  Mastercard

Expiration date: \_\_\_\_\_ Card holder’s Signature: \_\_\_\_\_

**Please, return this form by fax or mail to:**

Centro Residenziale Universitario di Bertinoro

Miss. Roberta Partisani

Via Frangipane, 6 47032 Bertinoro (FC) – Italy

Telephone +39 0543 446500 – Fax +39 0543 446599

E.mail: [rpartisani@ceub.it](mailto:rpartisani@ceub.it)

Following to Art.13 of Dlgs.n196/2003 (bill of rights concerning personal data security) we inform that Yr. data will be protected following the a.m .law and will be reserved. These data would be used for institutional purposes; for data treatment will be used informatic and paper supports, whose aim is to grant security and reservation. Following the a.m. points, You’ll be able to exercise Yr. rights, following the art.7 of Dlgs 196/2003

**Date,**

**Signature**