

Final Meeting 9-10.11.06

Italy, Ancona-Portonovo, Hotel Excelsior La Fonte

Project part-financed by EU

REGISTRATION FORM

Full name contact person - Mr./ Ms. / Mrs. (please circle)*	
Function*	
Organization/Company *	
Address	
Postal code + City	
Country	
Telephone	
Fax	
Website*	
E-mail*	
Date of Arrival :	
Date of Departure :	
Room booking requested :	
Transport requested from : railway station airport	
Please, keep me informed on: Please, use the tick boxes to advise us what you would like to be kept up-to-date with!	<input type="checkbox"/> Conference program and registration <input type="checkbox"/> Hotel and travel information

**PLEASE COMPLETE THIS FORM AND RETURN THIS
TO FAX +39 0737 616804**

CONTACT

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