

**European Optical Society Topical Meeting:**  
**"OPTICAL MICROSYSTEMS '07"**  
**CONFERENCE REGISTRATION FORM**

*Please note that payment must accompany this form*

ATTENDEE INFORMATION			
Title:	<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> other: _____ <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Family Name:	First Name:
Affiliation/ Institution:			
Mailing Address:		Poste Code:	
City:		State/Country:	
Telephone Number:		Fax Number:	
Email Address:			

COMPANION INFORMATION			
[Accompanying person(s) not participating in the scientific programme]			
Family Name:		First Name:	
Family Name:		First Name:	

REGISTRATION FEE	
<b>DEADLINE: Sept. 7th, 2007 <sup>(1)</sup></b>	
<b>EOS/SIOF Members:</b>	<input type="checkbox"/> 340 €
<b>EOS/SIOF Non-Members:</b>	<input type="checkbox"/> 390 € <sup>(2)</sup>
<b>Student Registration:</b>	EOS/SIOF Members: <input type="checkbox"/> 220 €
	EOS/SIOF Non-Members: <input type="checkbox"/> 270 € <sup>(2)</sup>
<b>One day registration (for all participants)</b>	<input type="checkbox"/> 150 €
<small>(1) After Sept. 7<sup>th</sup> only payment by CASH in EURO at registration desk will be accepted and the fee will be increased by 50 €</small>	
<small>(2) the fee will include the membership to SIOF – Italian Branch of EOS</small>	

CONFERENCE DINNER		
<b>Dinner</b>	60 €per person	Number of person _____
<b>Nocturnal entertainment in a typical nightspot</b>		

<b>PAYMENT DETAILS</b>
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**METHOD OF PAYMENT BEFORE SEPT.7<sup>th</sup>:**

Bank Transfer in EURO can be drawn on the conference account payable to:

“CNR incassi giornalieri da altre dipendenze - Registration Fee for OMS07”

Banca Nazionale del Lavoro

c/c bancario n: **218155**

ABI: **01005**

CAB: **03392**

CIN: **S**

or

IBAN: **IT57S0100503392000000218155**

CIN: **S**

**METHOD OF PAYMENT AFTER SEPT. 7<sup>th</sup>:**

Only payment by CASH at registration desk in EURO will be accepted

**Please send a copy of the bank transfer with your Registration Form to:**

**IMM – sez. NA**

**Dott.ssa Monica GIGLIOTTI**

**Via P. Castellino, 111, 80131 Napoli - ITALY.**

e-mail: [monica.gigliotti@na.imm.cnr.it](mailto:monica.gigliotti@na.imm.cnr.it); Voice: +39.081.6132370/371; Fax: +39.081.6132598

DATE

SIGNATURE CONFIRMATION

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