

**ENCORA 1st Thematic Network Conference**  
**“Integrated Coastal Zone Management and Valuation of Socio-Economic Impacts”**

Venice, Centro Culturale Don Orione Artigianelli  
 March 12<sup>nd</sup>/13<sup>th</sup> 2007

**REGISTRATION FORM**

Kindly fill-in the form using the block letters and send it back **within 20<sup>th</sup> February 2007**,  
 by fax or e-mail to:

**Oltrex 4M S.p.A.:** Santa Croce, 466/E – I 30135 Venezia  
**Tel. +39 0 41 2411151 Fax +39 0 41 2776653**  
**E-mail: mice@oltrex.it**  
**Web Site: www.encora.corila.it**



Last Name		First Name	
Organization			
Organization Mailing Address			
City	Country	Postal Code	
E-mail Address			
Phone Number		Fax Number	

***For logistical reasons the maximum number accept of participant is 100 persons.***

**Registration Fees**

All registration fees are VAT included.

**Participant** € **160,00**

The registration fee includes:

- Conference attendance.
- Conference package.
- Coffee breaks and lunches.
- Participation to the Social Event.

**Accompanying Person** € **80,00**

The registration fee includes:

- Participation to the Social Event.

***ENCORA 1st Thematic Network Conference  
"Integrated Coastal Zone Management and Valuation of Socio-  
Economic Impacts"***

**Venice, Centro Culturale Don Orione Artigianelli  
March 12<sup>nd</sup>/13<sup>th</sup> 2007**

---

**Method of Registration and Payment**

**Credit Card**

For credit card payment an extra fee of 2,5% + vat of the total amount will be charged on each transaction.

Please complete the form below and sign for acceptance.

I authorize Oltrex 4M S.p.A. to charge my credit card for the above amount as per registration fees to the Conference - ENCORA 1st Thematic Network Conference "Integrated Coastal Zone Management and Valuation of Socio-Economic Impacts".

Credit Card Number \_\_\_\_\_ CVC/CVV \_\_\_\_\_

Type \_\_\_\_\_

Expiring Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

or

**Bank Transfer**

Addressed to: 4M S.p.A.

Reason of Payment: ENCORA 2007. Please indicate your complete name.

Banca: Monte dei Paschi di Siena

Account Number: 5800.54

ABI Code: 1030-6

CAB Code: 02001-6

Swift Code: PASCITMMVNZ

Iban Code: IT08E0103002001000000580054

Bank Charges are the responsibility of the payee and should be paid at source in addition to the registration fees.

**Attention:** In order to consider valid your registration, Oltrex shall receive a copy of bank transfer by fax within 7 days from the date of the registration.

**Payment Terms**

Upon our confirmation the total amount shall be paid

**Cancellation and Refunds**

Refund of registration fees will be made according to the Italian Legislative Decree of 17 March 1995 n. 111, and foresees:

***ENCORA 1st Thematic Network Conference  
“Integrated Coastal Zone Management and Valuation of Socio-  
Economic Impacts”***

**Venice, Centro Culturale Don Orione Artigianelli  
March 12<sup>nd</sup>/13<sup>th</sup> 2007**

- 
- for cancellations received within 26<sup>th</sup> February, 2007 the total amount will be reimbursed, less Euro 25,00 + vat for administrative costs;
  - for cancellations received after 26<sup>th</sup> February, 2007 the registration fee will not be reimbursed;
  - due to accounting reasons, any possible refund will be given after the end of the Conference;
  - any request of cancellation shall be addressed either by fax o by e-mail to Oltrex (fax +39.041.2776653, e-mail: [mice@oltrex.it](mailto:mice@oltrex.it));
  - changes in the name of the Participant/Delegate are allowed and must be addressed either by fax or mailed to Oltrex (fax +39.041.2776653, e-mail: [mice@oltrex.it](mailto:mice@oltrex.it)).

**Dietary Requirements**

- Should you have any special dietary requirement you are kindly request to forward your needs either by fax o by e-mail to Oltrex (+39.041.2776653, e-mail: [mice@oltrex.it](mailto:mice@oltrex.it)).

**NOTES**

---

---

---

---

---

---

---

---

The above mentioned data subject may exercise all the rights set forth in D.Lgs. 196/2003 (Privacy Law)  
Polizza n.800/14/511146 Vittoria Assicurazioni – Aut. Prov. Ve. num 19/98