

EWOMP'02 REGISTRATION FORM
Roma, September 18-20, 2002

First name: _____

Last name: _____

Organization: _____

Mayling address: _____

City: _____

State: _____ Postal/Zip code: _____ Country: _____

E-mail address: _____

Phone: _____ Fax: _____

cOMPunity membership #: _____ (if you don't have it yet, just write YES)

REGISTRATION

Tutorial: Member Nonmember Late/On-site Fee: €

Workshop: Member Nonmember Late/On-site Fee: €

Total fee: €

Vegetarian food

PAYMENT

On-site

I enclose a cheque payable to Bricca Events for €

I enclose copy of bank transfer (for international ones add € 15) for € _____ to:

S.B.S. di Bricca Mirella,

c/c 61224/18 – Banca di Roma, L'Aquila 2, Via Sallustio ABI 3002-3 CAB 03601-2

I authorize to charge Credit Card

VISA MasterCard CartaSi

n. _____ Exp.date _____

Amount € _____

Cardholder name _____

Signature _____ Date _____

Send form to: S.B.S di Bricca Mirella & C. sas
V. dei Giardini 20/B 67100 L'Aquila Italy
FAX +39-0862-414370
Email: bricca@briccaevents.it