

**27<sup>th</sup> INTERNATIONAL CONFERENCE ON ALGORITHMIC LEARNING THEORY (ALT-2016)**

**19<sup>th</sup> INTERNATIONAL CONFERENCE ON DISCOVERY SCIENCE (DS-2016)**

**Bari, Italy • 19-21 October 2016**

**REGISTRATION FORM**

to be completed in block letters and sent to Centro Italiano Congressi CIC Sud srl

Viale Escrivà, 28 – 70124 Bari, Italy

Fax +39 080/5043736 email: info@cicsud.it

Last name \_\_\_\_\_ First name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal/Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

@mail \_\_\_\_\_

**INVOICE TO (obligatory fields):**

COMPANY/INSTITUTION NAME AND ADDRESS \_\_\_\_\_

SOCIAL SECURITY and VAT NUMBERS \_\_\_\_\_

**Registration fees (22% VAT INCLUDED – fees are in €)**

	<b>Early Registration</b> by September 8	<b>Late registration</b> after September 8	<b>Onsite registration</b>
<input type="checkbox"/> Participant	<input type="checkbox"/> € 480.00	<input type="checkbox"/> € 580.00	<input type="checkbox"/> € 630.00
<input type="checkbox"/> Student	<input type="checkbox"/> € 380.00	<input type="checkbox"/> € 480.00	<input type="checkbox"/> € 530.00
<input type="checkbox"/> Accompanying person	<input type="checkbox"/> € 100.00	<input type="checkbox"/> € 100.00	<input type="checkbox"/> € 100.00

The registration of participant for the ALT/DS-2016 conference includes:

- ALT-2016 and DS-2016 conference proceedings in two separate volumes (electronic access on the SpringerLink Website for students, printed copies for other participants)
- lunch tickets for the three conference days 19/OCT/2016 - 21/OCT/2016
- welcome reception on 18/OCT/2016
- guided tour and conference dinner on 20/OCT/2016

The registration of an accompanying person includes:

- welcome reception on 18/OCT/2016
- guided tour and conference dinner on 20/OCT/2016

Please indicate us if you have any special dietary requirements

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If you need an invitation letter to attend ALT/DS, please provide the following information for the conference participant and for each accompanying person(s) who will attend:

- Title (Mr./Mrs./Ms./Miss)
- Name
- Surname
- Date of birth
- Citizenship
- Passport number
- Issued by which country
- Date of issue
- Date of expiry
- Employer and employer,s address (or relationship with author for spouse/child)
- Date of arrival in Italy
- Date of departure from Italy

The letter of invitation will be issued soon after the conference participant registration and payment.

### Method of payment

Fee should be paid to the Organizing Secretariat by:

Credit Card

Please charge the total amount of ..... to the following credit card:

VISA       MasterCard

Your signature indicates your agreement to pay the fees with the credit card number provided below

Name (as it appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ / Year: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

**Non-transferable bank cheque** made payable and sent to Centro Italiano Congressi CIC SUD srl.

I enclose my cheque no \_\_\_\_\_ BANK \_\_\_\_\_

Bank transfer to Centro Italiano Congressi CIC Sud Banco di Napoli – Sede di Bari

**IBAN: IT27S0101004015100000018667      SWIFT CODE: IBSPITNA**

(please make reference to "ALT/DS 2016" and enclose a copy of your bank transfer)

**PAYMENT HAS TO BE MADE WITH THE INSTRUCTIONS "WITHOUT CHARGES TO THE BENEFICIARY"**

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

Pursuant to the Italian Act on privacy no. 196 of June, 30, 2003, I hereby authorize to use my personal data contained herein.