

10th International Workshop on Micromachined Ultrasonic Transducers (MUT 2011)

Salerno, Italy, 16-17 June 2011

REGISTRATION FORM

All the following fields are mandatory to ask for the payment receipt!

REQUIRED INFORMATION:

Please print clearly or type: Title: Prof. Dr. Mr. Ms.

Family name _____ Given name _____

Institution/Company _____

Mailing Address _____ City _____

Postcode _____ State _____ Country _____

V.A.T. number _____ Phone _____

Fax _____ E-mail Address _____

REGISTRATION FEES

| | | Amount Remitted |
|--|-------|-----------------|
| Full Registration (includes social dinner) | 140 € | _____ € |
| Guest (includes social dinner) | 50 € | _____ € |

TOTAL REMITTED

_____ €

METHOD OF PAYMENT

I have ordered a wire transfer to:

Account Holder: AXIT srl, Via G. Fuggetta, 8 - 00149 Roma - Italy
Bank: MPS, Ag. Roma 49, Via Macaluso, 37 - 00146 Roma - Italia
SWIFT Number: PASCITM1R49, *IBAN Number:* IT 02 S 01030 03249 000000073346
Account Number: 000000073346; *ABI:* 01030; *CAB:* 03249
Reason for the bank transfer: MUT 2011 – Name of the attendee (*do not forget to mention this*)

Attach a copy of the Wire Transfer receipt with your registration form

Credit Card

I have paid the registration fee by credit card through the online payment system.

Attach a copy of the credit card payment receipt with your registration form

Signature _____

Fax or send by email to:

Email: admin@cmut.it
Fax: +39 0657337101