

**REGISTRATION FORM**  
**IFAC WORKSHOP ON INTERNET BASED CONTROL EDUCATION**  
**BRESCIA, 4-6/11/2015**

First name*	
Last name*	
Organization	
Department	
Street address*	
ZIP code*	
City*	
Country*	
e-mail*	
Telephone number*	
Tax code <sup>1*</sup>	
Papers number (maximum two papers for each full registration)	
Specific needs (food, etc.)	

full (500 EUR)

student (250 EUR)

accompanying (100 EUR)

Fields marked with \* are mandatory. For a student registration a proof of the status is required.

**The registration fee must be payed in Euros by bank transfer, the beneficiary (CSMT Gestione Scarl) must receive the net amount of the fee. Please note that the registrations fees do not include the account transfer taxes neither the currency conversion taxes.**

Bank account details

Bank: Banca di Credito Cooperativo di Brescia

IBAN: IT94W0869211200005000503937

SWIFT: CCRTIT2TH00

Account holder: 005000503937

Beneficiary: CSMT Gestione Scarl

Account holder address: CSMT Gestione Scarl – Via Branze 45 – 25123 Brescia - Italy

Account holder VAT number: 02835410982

In bank transfer name please state: IBCE15 and name of the participant

Please send a scanned copy of this registration form (one for each participant) together with a proof of the bank transfer (and of the student status if necessary) to: [ibce15@unibs.it](mailto:ibce15@unibs.it)

<sup>1</sup> A code that uniquely identifies you (or your organization) as a tax payer in your country