



EUROPEAN ASSOCIATION
OF REMOTE SENSING LABORATORIES



REGISTRATION FORM

Please kindly return to:

Dr Rosa Lasaponara (CNR-IMAA)
LPI SERV_FORFIRE PROJECT
Istituto di metodologie per l'analisi ambientale (IMAA)
Consiglio nazionale delle ricerche (CNR)
C.da S. Loja, Zona industriale
85050 Tito Scalo (PZ)
e-mail: earsel_fire_conf@imaa.cnr.it

12 TH EARSEL FOREST FIRES SIG
WORKSHOP
3 - 5 OCTOBER 2019, ROME, ITALY

DELEGATE INFORMATION

LAST NAME: _____ FIRST NAME: _____

TITLE Mr /Mrs /Ms / Dr _____ POSITION: _____

COMPANY/FIRM: _____

ADDRESS: _____

POSTAL CODE: _____ CITY: _____ COUNTRY: _____

E MAIL: _____ (required to send vouchers and invoices)

TEL.: _____ FAX: _____ VAT / TAX ID number _____

CODICE DESTINATARIO (for Italians only): _____

EMAIL PEC (for Italians only): _____

FISCAL CODE (for Italians only): _____

BILLING INFORMATION

(If different than above).

NAME: _____
(person or institution)

ADDRESS: _____

POSTAL CODE: _____ CITY: _____ COUNTRY: _____

E MAIL: _____ (required to send vouchers and invoices)

TEL.: _____ FAX: _____

VAT / TAX ID number _____

ACCOMPANYING PERSON INFORMATION:

1. TITLE Mr /Mrs /Ms /Dr

FIRST NAME: _____ LAST NAME: _____

2. TITLE Mr /Mrs /Ms /Dr

FIRST NAME: _____ LAST NAME: _____

REGISTRATION FEES:**FULL WORKSHOP**

CATEGORY	EARLY (before 15.09.2019)	EARLY (after 15.09.2019)	ACCOMPANYING PERSON
EARSeL members	360,00 EUR	430,00 EUR	150,00 EUR
Non-EARSeL members	470,00 EUR	560,00 EUR	150,00 EUR
Young Scientist (under 32 years) EARSeL members	200,00 EUR	240,00 EUR	150,00 EUR
Young Scientist (under 32 years) Non-EARSeL members	250,00 EUR	300,00 EUR	150,00 EUR

DAY TICKET

CATEGORY	EARLY (before 15.09.2019)	EARLY (after 15.09.2019)	ACCOMPANYING PERSON
EARSeL members	200,00 EUR	230,00 EUR	150,00 EUR
Non-EARSeL members	250,00 EUR	300,00 EUR	150,00 EUR
Young Scientist (under 32 years) EARSeL members	110,00 EUR	130,00 EUR	150,00 EUR
Young Scientist (under 32 years) Non-EARSeL members	140,00 EUR	160,00 EUR	150,00 EUR

The fee includes a copy of the abstract book, coffee breaks, light lunches, Icebreaker Reception, Workshop Dinner and excursion.

The excursion to be defined.

Total Registration € _____

PAYMENT

Credit Card:

VISA MASTERCARD

Credit Card N. _____ CV2 Security Code _____

Expiration Date _____ Credit Card Holder _____

I authorize you to charge on my card the amount of Euro _____

Date _____ Signature _____

PRIVACY DATA HANDLING

I wish my details (name, organization and email address) to be included in the Symposium list for news related to this and future editions of EARSEL and related events.

I hereby give permission for my personal data to be handled in accordance with the provisions of D. Lgs. N.196 dated 30 June 2003 (Italian law)

I accept