

Summer School in Pharmaceutical Analysis
SSPA 2015

16-18 September 2015

Rimini

ADVANCED ANALYTICAL METHODOLOGIES
FOR MEDICINAL PLANTS CHARACTERIZATION

REGISTRATION FORM

PARTICIPANT

Surname

First name

Title

Company/Organization

Department

Street

Postal or Zip Code

City

Country

**Italian fiscal code or administrative/fiscal
code of the country in which I am resident**

**Phone (+ country code and area code
number)**

**Fax (+ country code and area code
number)**

e-mail

REGISTRATION (please mark with (x) your choice)

All inclusive registration fee before July 15, 2015 **380 euro** ()

All inclusive registration fee after July 15, 2015 (last acceptance 1th September) **420 euro** ()

Basic registration fee before July 15, 2015 **280 euro** ()

Basic registration after July 15, 2015 **320 euro** ()

ACCOMMODATION (to be filled in only in case of "All Inclusive Registration")

Room shared with

Arrival date

Departure date (dd/mm/yy)

Number of nights _____

SUPPLEMENTS (please mark with (x) your choice)

- **Double/Twin room supplement for each extra night** **40 euro/person** ()
- **Single room supplement for 3 nights** **50 euro** ()
- **Single room supplement for each extra night** **17 euro** ()

SOCIAL EVENTS (please check boxes if you intend to participate)

Social dinner September 17, 2015 ()

PAYMENT

Total Amount Due in Euro* _____

* Proof of payment must be sent at the time of registration by e-mail (sspa@unimi.it) or by FAX to the attention of Prof. Giancarlo Aldini (+39-02-50319359). Your registration will not be considered effective until the due amount is received.

INVOICE

Invoice will be issued to:

**Company Name / Person
surname and name** _____

Address _____

CAP or Zip number _____

Town _____

Country _____

**VAT (insert here your fiscal
code, if you are not a company)** _____

Cancellation policy

Cancellation must be submitted in writing to the SSPA2015 Secretariat at sspa@unimi.it For policy regarding refund, please refer to the SSPA2015 web site (<http://users2.unimi.it/SSPA/>).

Please fax this registration form as PDF file to sspa@unimi.it or by FAX to the attention of Prof. Giancarlo Aldini (+39-02-50319359).

**A confirmation will be sent to you via e-mail as soon as the payment is received.
PLEASE DO NOT REGISTER MORE THAN ONCE.**