

XIVth SYMPOSIUM ON ATOMIC, CLUSTER AND SURFACE PHYSICS
SASP 2004
February 1-6, 2004
Hotel Planibel, La Thuile, ITALY

REGISTRATION FORM

Family Name : _____ (Prof/Dr/Mr/Mrs/Miss) First name(s): _____

Affiliation : _____

Mailing Address : _____

Telephone : _____ FAX : _____

E-mail address : _____

I will be accompanied by my spouse : _____ and _____ other persons.

Registration Fee, and Accommodation and Meals

NOTE : add EURO 50 for payment after 15 November 2003

Double room (single occupancy)	EURO	900	(x __ persons)	EURO	_____
Double room (per person)*	EURO	650	(x __ persons)	EURO	_____
Triple room (per person)* (student)	EURO	550	(x __ persons)	EURO	_____
Accompanying persons	EURO	550	(x __ persons)	EURO	_____

* Indicate name of roommate(s) _____

TOTAL AMOUNT ENCLOSED **EURO** _____

Title(s) and authors of contribution(s):

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Payment of TOTAL AMOUNT ENCLOSED (in EURO) should be made via cheque or bank transfer (a copy of payment advice must be attached) to :

Dipartimento di Chimica - Università di Perugia
BANCA DELL' UMBRIA 1462 S.p.A., Agenzia N. 6
06100 – PERUGIA
Italy
(Bank coordinates: ABI 06235, CAB 03198)
Account number: 901-17142
SWIFT code: CRPGIT3P
IBAN code: IT39V0623503198000000017142

with indication: **SASP 2004 - Participant name :**

Please, be sure that the indication SASP 2004 and your name are included.

Please return the completed registration form, together with the payment in EURO (a copy of payment advice must be attached) and the abstract(s) by 15 November 2003 to :

Prof. P. Casavecchia

SASP 2004

Dipartimento di Chimica
Università di Perugia
Via Elce di Sotto, 8
06123 PERUGIA
Italy
Phone: (+39) 075 585 5514
Fax: (+39) 075 585 5606
E-Mail: piero@dyn.unipg.it

Further Information :

Further information may be obtained from the conference Web site :

<http://www.chm.unipg.it/chimgen/mb/cong/SASP2004.html>

or by writing to Prof. P. Casavecchia at the above address.
