

APPLICATION FORM

- This form should be completed and returned by fax or e-mail to the local organising committee:

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Tel. +39 035 2052026 • Address: Via Pasubio 7, 24044 Dalmine (BG) Italy

PERSONAL DETAILS

Surname: _____ Name: _____

Nationality: _____

Title: _____ Country of birth: _____

Date of birth: _____ Country of residence: _____

Address for correspondence: _____

Postcode: _____ Nation: _____ Tel: _____

Email: _____

UNIVERSITY _____

DEPARTMENT _____

Tel: _____ Email: _____

METHODS OF PAYMENT

HEALTH ECONOMETRICS WORKSHOP [17th - 18th - 19th JULY 2018]

- Registration Fee for the conference: **€ 500.00**
- Registration Fee for PhD students and non-presenting participant: **€ 300.00**
- Registration Fee for accompanying persons to attend the social events (coffee breaks, lunches and social dinner): **€ 80.00**

Payment method:

DIRECT TRANSFER

- Beneficiary account name: Università degli Studi di Bergamo
- Bank name: UBI Banca SpA
- Account number/IBAN: IT 94 Z 03111 11101 000000021108
- BIC/SWIFT code of the bank: BLOPIT22XXX
- Reason: please write: **"HEW2018 - surname of the participant"**