

PAYMENT CONFIRMATION FORM

Type	Last name	First name	Fee
(This is an Adobe Acrobat editable form)			Total amount

**please mail this form, together with a copy of the bank transfer order,
to the conference secretariat: icccm2017@unisalento.it**

Registration fees (€)		
Type	Registration option	€
A	Early delegate (until 21/04/2017)	490
B	Late delegate	590
C	Early student (until 21/04/2017)	300
D	Late student	350
E	Banquet option for students & accompanying persons	80

Bank transfer data	
Holder	CIF - Comitato per l'Innovazione e la Formazione
IBAN	IT69G0326816002052929651310
BIC/SWIFT	SELBIT2BXXX
Name of the Bank	Banca Sella - Succursale 1E - Lecce 3
Address	Viale Michele De Pietro, 3 - 73100 Lecce
Purpose	Name(s) of participant(s), ICCCM2017