

**POSTA 2003**  
**First Multidisciplinary International Symposium on**  
**POSITIVE SYSTEMS : THEORY AND APPLICATIONS**

Faculty of Engineering, University of Roma "La Sapienza"  
Roma, Italy, 28-30 August 2003.

**REGISTRATION FORM**

Please send to : **CONSULTA UMBRIA – PIAZZA ITALIA, 9 – 06121 PERUGIA,**  
**ITALY.**

PHONE N°0039/075/5720608 – FAX N° 0039/075/5721913 – E-mail :  
[congressi@consultaumbria.com](mailto:congressi@consultaumbria.com)

**1. PERSONAL DATA**

Family Name\* \_\_\_\_\_

First Name\* \_\_\_\_\_

Affiliation\* \_\_\_\_\_

Address\* \_\_\_\_\_

Town/Zip Code\* \_\_\_\_\_

Country\* \_\_\_\_\_

State \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail\* \_\_\_\_\_

Name(s) of Accompanying Person(s) \_\_\_\_\_

Special Needs \_\_\_\_\_

Audiovisual Equipment \_\_\_\_\_

\* = required fields

## 2. CONFERENCE REGISTRATION

	By March 30, 2003	After March 30,2003/On site
Regular	€ 350,00	€ 400,00

Extra ticket for the social dinner € 55,00

### Registration Conditions

POSTA 2003 Symposium

- Regular registration includes : attendance at all sessions, teas/coffees, a hard copy of proceedings (LNCIS Series by Springer), a registration packet containing all needed materials, one symposium banquet ticket
- A one-day registration fee will be applied on site and it will include coffee/tea break
- At least one of the authors of each paper must register at the advanced registration period for their paper to be included in the proceedings.
- Fees will be refunded if a written request is received at least 30 days prior to the event. There will be an administrative charge of € 20 for cancellations. No refund will be made for cancellations received less than 30 days prior to the event. Substitutions can be made at any time.
- Cancellations will be processed after the conference.

The organizers cannot accept any liability for personal accidents, loss or damage of the private property of participants during the Conference. The registration does not include any form of insurance. Conference participants are therefore responsible for making their own insurance arrangements.

### 3. HOTEL RESERVATION

Hotel	Single room	Double room single usage	Double room
HOTEL PALATINO ****	N/A	€ 124,00	€ 182,00
HOTEL PACE ELVEZIA****	N/A	€ 120,00	€ 140,00
HOTEL EDERA***	N/A	€ 80,00	€ 130,00
HOTEL SANTA PRASSEDE**	SOLD OUT	€ 75,00	€ 85,00
HOTEL PLANET**	N/A	€ 100,00	€ 100,00

Please reserve for me : HOTEL \_\_\_\_\_

- N° ..... single room(s)
- N° ..... double room(s) x single usage
- N° ..... double room(s)

Arrival date ..... Departure Date .....  
 N° of nights .....

#### Hotel booking conditions

- Room rates are given per room and per night, and include service, taxes, and continental breakfast. All prices are in Euro (€).
- Reservation will be processed only if accompanied by the deposit of one night.
- The balance due, deducted the amount of the deposit, must be settled to the hotel upon departure. A receipt of payment for the total amount, including the deposit, will be issued upon departure by the hotel and not by Consulta Umbria.
- All reservations will be confirmed in writing by Consulta Umbria in due time. Rooms will be allocated on a first come, first served basis; if the required hotel is not available, Consulta Umbria will change the reservation to another hotel similar in price and location. All reservation changes must be sent by e-mail or fax to Consulta Umbria. No changes requested by phone will be accepted.
- Deadline for hotel booking : **July 28<sup>th</sup>, 2003**. After this date no hotel reservation will be guaranteed

### 4. SUMMARY OF PAYMENT

POSTA2003 REGISITRATION FEE

EXTRA TICKET FOR SOCIAL DINNER

HOTEL DEPOSIT (one night per room)

AGENCY FEE (10 Euro only in case of hotel reservation)

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**TOTAL AMOUNT**

## 5. INVOICE

(Please fill in only if different from personal data)

Please invoice to \_\_\_\_\_

Address \_\_\_\_\_

VAT Number \_\_\_\_\_

## 6. METHOD OF PAYMENT

- Bank transfer on the account number 20203 headed to Consulta Umbria srl – to Banca Nazionale del Lavoro – Perugia sede – Piazza Italia – 060121 Perugia.  
ABI 1005 – CAB 03000  
(copy of the bank transfer here attached)

- Credit Card

- VISA

- MASTERCARD/EUROCARD

- AMERICAN EXPRESS

Card number \_\_\_\_\_

Holder's Name \_\_\_\_\_

Expired Date \_\_\_\_\_

Signature \_\_\_\_\_