

# Registration to ISM Workshop Training Course

(registration is not complete until fees are paid)

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Last Name

First Name

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Firm/Company

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Department

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Mailing Address

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City

State/Country Zip

( ) \_\_\_\_\_

Daytime Phone Number

( ) \_\_\_\_\_

Fax Number

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E-mail Address

**Conference fees: (€ euro)**

\_\_\_\_\_ Registration Fee € 1.100

## **Method of Payment:**

### **OPTION 1: Credit Card**

\_\_\_\_\_ Please charge to my

\_\_\_\_ MasterCard \_\_\_\_ Visa \_\_\_\_ American Express

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Card Number Expiration Date

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Cardholder's Name

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Cardholder's Signature

\_\_\_\_\_ Please Invoice my company. To be invoiced, you must provide a purchase order number:

### **OPTION 2: Bank Transfer**

Please make draft payable to "ISM Workshop Training Course" and send to SANPAOLOBDN, Castellana Grotte (BA, Italy)

Account ISM Association:1000/1080

IBAN: IT22 S010 1041 4401 0000 0001 080

Swift: IBSPITNA

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Date

Signature

Mail the completed registration form to:

ISM Workshop Training Course

c/o ISPA-CNR

Via Amendola 122/O

70126 Bari

Italy

**Workshop Training Course**  
**International Society for Mycotoxicology - ISM**  
c/o ISPA-CNR  
Via Amendola 122/O  
70126 Bari  
Italy

**Attn: Mrs Mariella Quarto**