REGISTRATION FORM

Mail or Fax Completed Registration Form to:
7th Annual International Symposium
"Biosecurity and Biosafety: future trends and solutions"
Clinical Microbiology – L. Sacco University Hospital - ASST
Fatebenefratelli Sacco, Milan (IT)
tel +39 02 50319831
fax +39 02 50319832
E-mail: secretary.bioemergency@climvib.eu

PARTICIPANT

1. REGISTRANT INFORMATION

FIRST NAME                                      LAST NAME

INSTITUTION

ADDRESS                                      POSTAL CODE

CITY    STATE     COUNTRY                  CITIZENSHIP

EMAIL ADDRESS                                      PHONE            FAX

2. PAYMENT INFORMATION

Special fees

Gov. Officials*                                           Military

Payment
Total Amount Due: €____ ________

Registration Fees:

<table>
<thead>
<tr>
<th></th>
<th>Early Fee</th>
<th>Late Fee</th>
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<tbody>
<tr>
<td>by 01 Feb</td>
<td>€ 450.00</td>
<td>€ 550.00</td>
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<tr>
<td>from 02 Feb</td>
<td>€ 200.00</td>
<td>€ 300.00</td>
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<tr>
<td>Military</td>
<td>€ 100.00</td>
<td>€ 100.00</td>
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* Embassies, EU Community, Governments

Change/Cancellation Information
No refunds will be issued for cancellation and changes.
NOTE: Full payment must be submitted with this form. Forms without payment will not be processed.