

The Institutional and Social Dynamics of Growth and Distribution

Registration Form

This form should be completed and returned/faxed to:

Simone D'Alessandro, Growth Conference 2007

Dipartimento di Scienze Economiche, Università di Pisa

Via Ridolfi 10, 56124 Pisa, Italy. Fax: **+39 050 2216384**

Title:

First Name: Middle Name:

Last Name:

Affiliation:

Address:

Phone: Fax:

E-mail:

Conference Fee (includes all coffee breaks, two lunches, two dinners and printed material).

Deadline for conference registration is **October 30, 2007**. After this date a late fee of **80 €** will be charged.

- Participant.....220,00 € Late fee+80,00 € (if delivered after Oct. 30)
- Dinners for accompanying persons.....80,00 € (per person for 2 dinners) Early fee.....-20,00 € (if delivered before Oct. 10)

Total: €

I am applying for a financial support in terms of accommodation: Yes No

If yes: I am a PhD Student: Yes No Nationality:

Comments:

Date: _____

Signature: _____

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Method of Payment: Credit or Debt Cards *(Use the website of the conference).*

Credit or Debt Cards through PayPal™

Insert the amount € in the page <http://growth-institutions.ec.unipi.it/pages/creditcards.shtml>
then press the **PayPal™** icon and follow the instructions.

Method of Payment: Money Transfer *(All bank fees must be at your own charge).*

International Transfer:

Bank: Cassa di Risparmio di Lucca, Pisa e Livorno

IBAN: IT 52K 06200 14011 000087283427

BIC code: BPAL IT 3L

Label: "Growth Conference 2007"

National Transfer (Italy):

Dipartimento di Scienze Economiche, Via Ridolfi, 10

56124 Pisa - P.I.: 00286820501

Bank: Cassa di Risparmio di Lucca, Pisa e Livorno

Account: 30631 ABI: 06200 CAB: 14011

Label: "Growth Conference 2007"

Invoice details

You will be handed a receipted invoice on arrival at the Conference. In order to complete registration we need to know the following information about the addressee of the invoice:

Name:
(Company or persona)

Address:
(Tax domicile)

Country of residence:

Taxpayer Identification Number
or Social Security Number:

(Not compulsory if the Value Added Tax Identification Number is provided)

Value Added Tax
Identification Number:

(Not compulsory for individuals and for companies whose headquarters are outside the European Community)

Date: _____

Signature: _____