Registration Form for Med Green Forum – 5
3 – 5 September 2019

REGISTRATION
Payment by credit card or Bank transfer only.
Cheques will not be accepted. Make payment to Med Green Forum-5 and send to the Bank Below:
Registration Form on the web site:
www.medgreenforum.com

Payment before May 20
Contributor – Participant = €300
Invited Speakers and member of WREN = €250
Student = €150

Payment after May 20
Contributor – Participant = €350
Invited Speakers and member of WREN = €300
Student = €200

Two registration you will get 10% extra discount
Three registrations you will get 20% extra discount

What are you getting for Registration?

- Forum Bag
- Forum Program
- Free Gala Dinner on 4 September
- Lunch and two Coffee breaks during the three days

PROCEEDING will be ready with the publisher in the FORUM at low cost and you have to contact them yourself and buy them. You can contact them in advance if you like:

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Senior Editor
Applied Sciences
Springer
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T +1 (212) 460-1505
michael.mccabe@springernature.com
REGISTRATION FORM MGF-5

Title (Ms, Mr, Mrs, Dr, Prof)________________________________________________________

First Name:____________________________________________________________________

Last Name:_____________________________________________________________________

Telephone:______________________________________________________________________

Email:_________________________________________________________________________

Postal Address:_________________________________________________________________

Town:__________________________________________________________________________

Code:__________________________________________________________________________

Country:________________________________________________________________________

Date:___________________________________________________________________________

NOTE: payment by credit card or transfer only: No one day registration and No Cheque is accepted.

CREDIT CARD DETAILS:

No. of card____________________________________________________________

Name of the card holder____________________________________________________

Expiry Date___________________________ Code No.________________________

Payment must be made to Bank

Monte dei Paschi di Siena Ag.03
Viale dei Mille 75r
50131 - FIRENZE
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