

**PARTICIPANT DETAILS** (PLEASE USE CAPITAL LETTERS)

Name ..... Last name .....  
 Position ..... Dept. / Office .....  
 Company ..... ABI Code .....  
 Address .....  
 Zip code ..... City ..... Country .....  
 Tel. .... Fax ..... E-mail .....

**THURSDAY 2<sup>ND</sup> DECEMBER**

WILL YOU BE ATTENDING THE **OPENING PLENARY SESSION?** YES  NO   
 WHICH **PARALLEL SESSION** WILL YOU BE ATTENDING? I  II  III   
 WILL YOU BE ATTENDING THE **GALA DINNER** AT PALAZZO BRANCACCIO? YES  NO

**FRIDAY 3<sup>RD</sup> DECEMBER**

WILL YOU BE ATTENDING THE **INTERNATIONAL FORUM ON E-INVOICING?** YES  NO   
 WILL YOU BE ATTENDING THE **CLOSING ROUND TABLE?** YES  NO

**CONFERENCE FEE**

- ABI MEMBERS / CONSORZIO CBI / GDL CBI / STAKEHOLDER FORUM € 400 + VAT**
- NOT ABI/CBI MEMBERS € 900 + VAT**

**INVOICE DETAILS** (PLEASE USE CAPITAL LETTERS)

Company ..... ABI Code .....  
 Address .....  
 Zip code ..... City ..... Country .....  
 Vat number ..... Tax code .....  
 Administrative contact .....  
 Tel. .... E-mail .....

**INVOICE MAILING DETAILS** (IF DIFFERENT FROM ABOVE)

Company .....  
 Address .....  
 Zip code ..... City ..... Country .....  
 Administrative contact .....  
 Tel. .... E-mail .....

**Payment on receipt of invoice must be made by:**

• **Non-negotiable cheque/postal order** payable to ABISERVIZI S.p.A. • **Bank Transfer payable** to Unicredit Corporate Banking di Roma Nord Branch Vittorio Emanuele "A", bank details for international money transfer: IBAN IT53 Z 03226 03212 000500031378 (code BIC SWIFT: UNCRIT2VRMN) • **Credit Card** (American Express, BankAmericard, CartaSi, Mastercard, Visa)

Personal data will be treated accordingly to the Italian Privacy Law. We would like to inform that the Conference may be videotaped or photographed for future distribution on CD-Rom or ABI web sites.

**Please complete the form in all its parts and send it to the Secretariat by fax no. +39 068610123 or mail [segreteria@donevent.com](mailto:segreteria@donevent.com) within 26th November 2010.**

Substitutions will be accepted by communications made by fax to the Secretariat. **In the event you do not attend the Conference or if you notify the Secretariat of your inability to attend after 26<sup>TH</sup> November, 50% of the registration fee will be charged** as reimbursement to cover organization expenses.

For further information, you can call: telephone no. +39 06 86389705; +39 06 86391684 or write an e-mail to [segreteria@donevent.com](mailto:segreteria@donevent.com)

Signature

Date, \_\_\_\_\_