### **authors registration guidelines**

### **remember that this registration is only just for the first author of paper, if co-authors want to attend the conference have to registrate yourself like auditors**

**The Registration FULL AUTHORS includes:**

* Admission to all conference’s sessions
* Conference bag
* Lunches and Coffee breaksfor the three conference days
* Access to Wi-fi, special rates for accommodation
* Free access to the 6th International Art and Restoration Fair 2018 edition
* **Gala dinner for 1 person**

**Instructions:**

1. Check your fee based on deadline and write the total
2. Choose extras and write the total
3. Make your total
4. Insert your data
5. Make payment following **bank details** and send the receipt to **info@florenceheritech.com** along with **signed** pdf registration.

### **REGISTRATION FORM**

1. **Check your fee on base of deadline and write the total**

|  |  |  |  |
| --- | --- | --- | --- |
| **Registration fee** | **EARLY REGISTRATION** **BY FEBRUARY 28 2018** | **EARLY REGISTRATION** **BY MARCH 15 2018** | **Total Euro €** |
| **FULL – AUTHORS\*** | **€ 390,00** | **€ 450,00** | *(ex: 390,00)* |

**\*1 GALA DINNER 18/05/2018 IS INCLUDED IN THE FULL REGISTRATION**

1. **Choose extras and write the total**

|  |  |  |  |
| --- | --- | --- | --- |
| **Extras** | **Number and name of items** | **Fee** | **Total Euro €** |
| **GALA DINNER on 18/05/2018****(EXTRA PEOPLE THAT NOT ATTEND THE CONFERENCE BUT WANT TO PARTECIPATE TO GALA DINNER)** | **Name:** *(ex: Monica Smith, Lucas Smith)***Number:** *(ex: 2)* | **€ 100,00 / per person** |  |
| **Cultural Tour on 19/05/2018****(if numbers of 15 people are achieved)** | **Name:****Number:** | **€ 80,00 / per person** |  |
| **YOUR TOTAL** |  |  |

1. **Make the total**

|  |
| --- |
| **total to pay** |
| **TOTAL of REGISTRATION + EXTRAS** | *(ex\_€390,00)* | *(ex\_€390,00)* |
| **vat (22%)** | *Calculate VAT 22%* | (ex €*390,00*VAT 22%+ € 85,80*€475,80)* |
| **total to pay (total + vat)** |  | *(ex €475,80)* |

1. **Insert your data**

|  |
| --- |
| **PARTICIPANT INFORMATION** |
| **Name and Surname OF FIRST AUTHOR** |  |
| **Fiscal code (for Italian participants) or Date of birth (for all the others)** |  |
| **Address** |  |
| **City** |  |
| **Country**  |  |
| **Telephone** |  |
| **email** |  |
| **How did you find out about the conference?** |  |
| **Special Dietary Requirements** |  |
| **If you are willing to present a paper during the conference please indicate the title of your paper:** |  |

|  |
| --- |
| **INSTITUTION INFORMATION** |
| **Name of Institution** |  |
| **Address** |  |
| **City** |  |
| **Country**  |  |
| **VAT Number (only for the Euro Countries)** |  |

### **PAYMENT FORM**

1. **Make payment following bank details and send the receipt to info@florenceheritech.com along with signed pdf registration**

|  |  |
| --- | --- |
| **BANK MONEY TRANSFER made out at** | **Palazzo Spinelli per l’Arte e Il Restauro**  |
| **Bank details** | **Banca Prossima** **Codice IBAN: IT52 B033 5901 6001 0000 0017 150** **Codice SWIFT: BCITITMX** |
| **payment description** | **Florence Heri-Tech Fee\_name of author / ex: Florence Heri-Tech Fee\_Mario Rossi** |
| **Name of person or company making payment** |  |
| **Billing Address** |  |
| **Date of payment (dd/mm/yyyy)** |  |

**Please complete all the sections of the registration form, sign it, and send it together with a copy of the bank via Email (scanned version) to** **info@florenceheritech.com**

### **CANCELLATION/REFUND POLICIES**

| **Cancellation Time** | **% of Refund** |
| --- | --- |
| **By April 10, 2018** | **80% of your payment** |
| **May 10, 2018** | **50% of your payment** |
| **After 10 May, 2018** | **No refunds** |

I accept my personal data treatment according to the current Italian legislation. The data provided will be used in the conference related publications and for communication purposes.

*Date and Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*