

INTERNATIONAL BEHAVIORAL NEUROSCIENCE SOCIETY

19th ANNUAL MEETING

June 8-13, 2010 - Villasimius (Cagliari), Sardinia - Italy

TRANSFER APPLICATION FORM

DEADLINE May 13th, 2010

Please fill in and send this form to Corsi & Congressi - Via del Pozzetto, 13 - 09126 Cagliari

Ph. +39 070 383373 - +39 070 383126 - Fax +39 070 3837102 - E-mail: info@corsiecongressi.it www.corsiecongressi.it

INFORMATION ON THE PROCESSING OF PERSONAL DATA

First name _____ Last name _____

Address _____ Zip code _____ City _____ District _____

State _____ Country _____

Telephone _____ Mobile _____ Telefax _____

E-mail _____

*Fiscal Code (*Mandatory for Italians)

*VAT n°

TRANSFER airport/Tanka Village Resort/airport

A shuttle bus service is provided by the Organizing Secretariat from Cagliari's airport to the Tanka Village (around 60 km) and vice versa for the following days: June 8th and 13th. This service is available only for the participants and the accompanying persons who have previously informed the Organizing Secretariat about their arrival and departure date and time.

Transfer fee for one way per person is € 30 VAT included. Buses will be organized depending on the arrival time and the number of the participants. At the airport participants will be welcomed by one of our hostess.

- I would like to catch the shuttle bus service on June 8th for n. _____ person/s Airport/Hotel
- I would like to catch the shuttle bus service on June 13th for n. _____ person/s Hotel /Airport

Different arrivals/departures:

A transfer service will be available on request from Cagliari's Airport (Elmas) to the Hotel (60 km). The one way fare depends on the number of people sharing a ride:

- up to 3 people= one way 90 € per car
- people group (at least 15 people) = one way 30 € per person
- night supplement (from 10.00 p.m to 07.00 a.m)= one way € 25 per person
- minibus up to 8 seats: please ask to the Congress Secretariat Corsi & Congressi

For reservation, type your flight company, number and arrival time:

First/Last name _____

First/Last name Accompanying person/s _____

Arrival date _____ time _____ flight n. _____

Departure date _____ time _____ flight n. _____

**I WILL PAY FOR THE SHUTTLE BUS SERVICE FOR A TOTAL AMOUNT OF € _____
FOR A TOTAL OF N. _____ PEOPLE/PERSON**

METHODS OF PAYMENT

Bank transfer in Euro n. _____ headed to: Corsi & Congressi s.a.s. - IBNS Congress for a total amount of € _____. **Bank transfer must not involve charges for the recipient.**

Credit card Authorization: name of the credit card _____

Date of Birth (month/day/year): ____ / ____ / ____ Total Amount: _____

This data is required and necessary for any credit card correspondence transaction

I, the undersigned (print name), authorize Corsi & Congressi s.a.s. to withdraw € _____ from one of the following credit cards: VISA MASTERCARD CARTA SI AMERICAN EXPRESS

Card no. Expiry date ____ / ____

Cardholder's name _____ Birth date _____

I hereby authorise the use of my credit card for the purpose specified above.

Place _____ Date _____ Cardholder signature _____

Please send us this Authorization to the following fax number: **+39 0703837102**

Information concerning the processing of personal data (item 13 of Law n. 196 dated 30 June 2003)

In accordance with provisions made by item 13 of Law n. 196/2003 pertaining to the Protection of personal data, Corsi & Congressi as the rightful data controller, hereby informs you that: personal data provided will be used for the sole purpose of fulfilling the aim of the contract undertaken; in particular processing will focus on the carrying out of administrative, commercial, accountancy and taxation issues having been adequately informed by the data controller in accordance with item 13 of Law 196/2003. I give my consent

Data

Signature