



Consiglio Nazionale delle Ricerche  
Istituto di Calcolo e Reti ad Alte Prestazioni



## Sixteenth Italian Symposium on Advanced Database Systems Mondello (PA), Italy, June 22-25, 2008

The Symposium registration fee includes: a copy of the proceedings, coffee breaks, the welcome cocktails, the guided tour to Cefalù and the social dinner. The registration fees are the following:

Payment before June 3 <sup>th</sup>	Euro 300	<i>Reduced fee is applied to undergraduate students and PhD students, upon presentation of a document, which attests their status.</i>
Payment after June 3 <sup>th</sup> or at the Symposium	Euro 350	
Reduced fee for students before June 3 <sup>th</sup>	Euro 230	
Reduced fee for students after June 3 <sup>th</sup> or at the Symposium	Euro 280	
Additional tickets for social dinner and events	Euro 90	

The registration fee has to be paid by bank transfer to:

**Consiglio Nazionale delle Ricerche - Incassi giornalieri da altre dipendenze**  
**Banca Nazionale del Lavoro, sportello CNR 6392**  
**CIN: S ABI: 01005 CAB: 03392 c/c :218155 SWIFT: BNLITRR**  
**IBAN: IT57S0100503392000000218155**

indicating, as reason for payment, "**018.002: SEBD 2008 -Registration of <your full name>**". The receipt for payment will be given at the Symposium. Payment by credit card is allowed only for on-site registration.

### Registration Form

Paper ID (for authors only): \_\_\_\_\_

Name \_\_\_\_\_ Surname \_\_\_\_\_

Affiliation (for the badge) \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Payment Registration Fee  Regular  Student Euro \_\_\_\_\_  
 Additional tickets for Social Dinner #: \_\_\_\_\_ Euro \_\_\_\_\_  
**Total Euro \_\_\_\_\_**

I enclose a copy of the bank transfer order  I will pay on site

Date of arrival \_\_\_\_\_ Date of departure \_\_\_\_\_

**Accommodation:**  Hotel la Torre  Other (please specify) \_\_\_\_\_

#### Receipt of Registration:

Receipt for fiscal purposes

Invoice for: COMPANY NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 VAT ID: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please fill in the registration form and send it by fax or email with a copy of the bank transfer order, to the following address: **SEBD 2008 - ICAR/CNR sede di Palermo - Fax: +39 091 484072 - email: sebd2008@pa.icar.cnr.it**