

2ND TOPICAL SEMINAR ON GLOBAL AND LOCAL NETWORKS FOR RESEARCH AND EDUCATION
Certosa di Pontignano, Siena, 6-9 November 2000

REGISTRATION FORM

to be sent to

Servizio Congressi-Università di Siena, Banchi di Sotto 46, 53100 Siena (Italy)

Tel. +39 577 232132/3 Fax +39 577 232134

First Name _____ Last Name _____

Title	Institution
1. <i>Introduction to the History of Mathematics</i>	University of Cambridge
2. <i>The Development of Calculus</i>	University of Oxford
3. <i>Mathematical Physics</i>	University of London
4. <i>Algebra and Number Theory</i>	University of Edinburgh
5. <i>Geometry and Topology</i>	University of Manchester
6. <i>Statistics and Probability</i>	University of Warwick
7. <i>Mathematical Logic</i>	University of York
8. <i>Mathematical Analysis</i>	University of Bristol
9. <i>Mathematical Computing</i>	University of Nottingham
10. <i>Mathematical Modelling</i>	University of Leeds

Address

Postal Code City

Tel.	Fax	E-Mail
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Registration Fee (VAT included)**Paid before October 1****Paid after October 1**

<input type="checkbox"/> Resident at the Certosa di Pontignano	ITL 800.000 (€413,16)	ITL. 900.000 (€464,81)
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<input type="checkbox"/> Non-resident	ITL 450.000 (€232,40)	ITL 550.000 (€284,05)
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The resident fee includes:

Scientific material

Certificate of attendance

Coffee break

Full board

(from the dinner on November 5 to the lunch on November 9)

The non-resident fee includes

Scientific material

Certificate of attendance

Coffee break

Lunches and dinner at the Certosa di Pontignano

(from the dinner on November 5 to the lunch on November 9)

☐ I should like to reserve a room at the Certosa di Pontignano: ☐ YES ☐ NO


The Certosa have very few single rooms: Requests will be satisfied in order of arrival.

Please indicate the name of the person you want to share the room with

Date of arrival *Date of departure* *Double room to be shared with*

Payment:

☐ By check enclosed no. _____ Bank _____ made payable to “*Università di Siena*”.

 By postal order to “*Università di Siena*”

☐ By credit card no.

Expiry date  **Diners Club** **Master Card/Eurocard**

IMPORTANT:

To be billed to

Address

P. IVA o Codice Fiscale

(for italian participants only)

Information concerning the protection of privacy and the processing and utilization of personal data

In accordance with law 675, passed on Dec. 31, 1996, we wish to inform you that the personal data you furnished in filling out the registration form for enrollment in this meeting will be used exclusively for enrollment purposes. In processing this information we guarantee that your privacy will not be violated and that this data will not be given or communicated to third parties. Failure to furnish information will entail no consequences, as you are not required to provide in. With regards to the utilization of this data, your rights are protected by art. 13 of law 675/96. We further inform you that the office in charge of processing data in the Congress Office in Siena and the person in charge is the scientific secretary of the meeting.

Date _____

Signature _____

(Without your signature we cannot accept payment by credit card)