

# 61<sup>st</sup> ECCE GENERAL ASSEMBLY

29<sup>th</sup> - 30<sup>th</sup> May 2015, Naples, Italy



European Council  
of  
Civil Engineers



NATIONAL COUNCIL OF  
ITALIAN ENGINEERS



## REGISTRATION FORM

Complete this form and return no later than **March 31, 2015** to:

**ECCE Secretary General (Maria Karanasiou):** tel/fax: +302108623992 | e-mail: ecce\_sps@otenet.gr

**Fondazione Ordine Ingegneri Napoli (Roberta Salomone):** tel. +39 081 5514620 | e-mail: commissioni@ordineingegnerinapoli.it

**National Council Of Italian Engineers (Maria Antonia del Balzo):** tel. +39 06 697 6701 | e-mail: esteri@cni-online.it

## PARTICIPANT DETAILS

Family Name

First Name

Company

Address

City, Country

Phone

Fax

E-mail

### FLIGHTS (OPTIONAL)

Arrival (DD/MM/YYYY)

No. of Flight

Departure (DD/MM/YYYY)

No. of Flight

### 1. FREE REGISTRATION

ExBo Member

Chair Standing Com

1<sup>st</sup> National Delegate

2<sup>nd</sup> National Delegate

Invited Association 1<sup>st</sup> National Delegate

Invited Association 2<sup>nd</sup> National Delegate

### 2. PAID REGISTRATION

3<sup>rd</sup> Delegate (120 EUR) name:

4<sup>rd</sup> Delegate (120 EUR) name:

5<sup>rd</sup> Delegate (120 EUR) name:

### INVITED ASSOCIATION

3<sup>rd</sup> Delegate (120 EUR) name:

4<sup>rd</sup> Delegate (120 EUR) name:

5<sup>rd</sup> Delegate (120 EUR) name:

Accompanying person 1 (120 EUR) name: Accompanying person 1 (120 EUR) name: Friday Tour (40 EUR ) x \_\_\_\_\_ name:

**TOTAL** \_\_\_\_\_ EUROS

**REGISTRATION INCLUDES:** ECCE sessions, conference, meals, coffee breaks and tour sights of Naples (Saturday afternoon)

**TOUR FOR ACCOMPANYING PERSONS (FRIDAY):** sightseeing in Naples. Tour programs will be released closer to the event.

### METHOD OF PAYMENT - INTERNATIONAL TRANSFER

**Beneficiary's name:** FONDAZIONE ORDINE INGEGNERI NAPOLI - Beneficiary's address: via del Chiostro 9, 80134 Napoli - Italy

IBAN: IT 30 107110 03400 00000 0003088 - SWIFT Code: ICRAITRRUUO

Remittance information: 60<sup>th</sup> ECCE GAM and name and family name of the participant. **Please send copy of bank transfer with this registration form.**

Please fill this form and e-mail or fax it to: ECCE Secretary General and • CNI International Secretariat.