## IMA5 Conference 7-10 June, 2010, Florence Italy

## **Payment Information Sheet**

		ng option 1, 2 or 3, then send/ fax a ment details to the address below (*).
First Name:	Last Name	e:
Registration as:a	researcher/student	?
Includes fees for an accom	panying person:	_ first and last names
Amount of payment:	Euros	
Terms: payment to be ma fees.	ade before 15 April 2	010 for reduced advance registration
[] Option 1: Cheque, emi COLLOQUE IMA5 FLO		ank only payable to the
Bank name: Trésor Public Bank address: Régie UPS Orsay Cedex	c de l'Essonne S, Agence Comptable E code: 91000 Account 0000 0010 0244 983	COLLOQUE IMA5 FLORENCE (*):  Bat 407 15 rue G. Clémenceau, F-91405  N°: 00001002449 Key: 83
Please make sure that bank	te the first and last nate transaction fees do not of payment, send/ fax	MCE mes of the participant, and IMA5 of reduce the amount of payment. a copy of your bank transfer to
	I_I_I_I_I_I_I_Ck of your card (on the	I_I_I_I_I Expiration: I_I_I_I_I magnetic stripe): I_I_I_I
Cardiolder's Signature:		

\*Guillaume Kasperski, Bâtiment 502, laboratoire FAST, F-91405 Orsay Cedex, Tel: (+33)1.69.15.37.42, Fax: (+33)1.69.15.80.60, email: kasperski@fast.u-psud.fr.