



**EUROPEAN SOCIETY FOR PHOTOBIOLOGY
2010 PHOTOBIOLOGY SCHOOL
June 21-26, 2010, in Brixen/Bressanone, Italy**

REGISTRATION FORM

Please complete the form and send it to the Treasurer (by fax, mail or e-mail):

Dr. Francesco Ghetti
CNR Istituto di Biofisica, Area della Ricerca di Pisa
Via G. Moruzzi 1, 56100 Pisa, Italy
(Fax +39 0503152760, E-mail: francesco.ghetti@pi.ibf.cnr.it, Tel. +39 0503152764)

Only members of ESP are allowed to register for the ESP Photobiology School.

To become member (or renew the membership) to the ES, please go to

<http://www.esp-photobiology.it/membership.html>.

I wish to register for the ESP Photobiology School, June 21-26, 2010, in Brixen/Bressanone, Italy

Family name: _____ **First name:** _____ **Middle initial(s):** _____

Address: _____

Tel: _____ **Fax:** _____ **Email:** _____

Please indicate your speciality below in order of preference, 1, 2, 3 (indicate no more than 3 preferences)

- | | | |
|---|---|---|
| <input type="checkbox"/> Photochemistry, Photophysics | <input type="checkbox"/> Environmental Photobiology | <input type="checkbox"/> DNA damage and repair |
| <input type="checkbox"/> Biophotonics-light dosimetry in biological tissues | <input type="checkbox"/> Photomedicine | <input type="checkbox"/> Photocarcinogenesis |
| <input type="checkbox"/> UV effects | <input type="checkbox"/> Phototoxicity | <input type="checkbox"/> Photodermatology |
| <input type="checkbox"/> PDT, fluorescence diagnosis | <input type="checkbox"/> Photoprotection | <input type="checkbox"/> Photoimmunology |
| <input type="checkbox"/> Photosynthesis | <input type="checkbox"/> Photosensory Biology | <input type="checkbox"/> Other (please specify) |

REGISTRATION FEE50 €

ACCOMMODATION

Single room (35 Euro/night) (Single rooms cannot be guaranteed)

Double room (30 Euro/night) shared with _____

Total no. of days **x 30 or 35 € =** **€**

Total **€**

Please indicate below the dates for the accommodation booking:

Tuesday, June 22 - Friday, June 25 (4 nights)

Monday, June 21

Saturday, June 26

Additional day(s). Please indicate the dates

Methods of Payment

1. **Credit card.** Please fill in the details below.

I, the undersigned authorise the European Society for Photobiology to debit my credit card:

- | | | | |
|-----------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Access | <input type="checkbox"/> Carta Si | <input type="checkbox"/> Carte Bleue | <input type="checkbox"/> Diners Club |
| <input type="checkbox"/> Eurocard | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa | |

Card number _____ Security code: _____ Expiry date: _____

For the sum of € _____ Amount of € in words: _____

Name of card holder: _____ Signature of card holder: _____

2. **Bank transfer.** Please transfer the funds using the following bank details: Banca Monte dei Paschi di Siena, Pisa Ag. 5 Branch, Via Borgo Stretto 40, 56127 Pisa, Italy; IBAN: IT 65 P 01030 14006 000000211788; BIC/SWIFT: PASCITM1Y68; account "ESP European Society for Photobiology" number 0000002117.88. You must ensure that the bank includes your name and address so that the source of the payment can be easily identified. Please send a copy of the bank transfer to Francesco Ghetti (address above).