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| C:\NadiaWork2018\BELIEF SUMMER SCHOOL\Website\images\BFAS_logo.jpg | 5th SCHOOL ON BELIEF FUNCTIONS AND THEIR APPLICATIONSOctober, 27-31, 2019, Siena- Italy |

# Registration form

# Please send the duly filled form with your proof of payment to: bfta2019@bfasociety.org

**\*Required fields**

## Participant Information

|  |  |
| --- | --- |
| **Title:** | Prof. ☐ Dr.☐ Mr.☐ Mrs.☐ |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Full Name\*:**  |  |  |
|  | **Last**  | **First** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution\*:**  |  |  |  |

|  |  |
| --- | --- |
| **Student[[1]](#footnote-2)\*:** | Yes☐ No☐ |
| **Address:** |   |  |
|  | **Street Address** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **City** | **Country** | **ZIP Code** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone:** |  | **Email*\**:** |  |

|  |  |
| --- | --- |
| **Poster\*:** | Yes☐ No☐ |
|  |  |

If you would like to present your work during the poster session, please provide the title of the poster, the author names and an abstract of roughly 500 words:

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## Accommodations

|  |  |  |  |
| --- | --- | --- | --- |
| **Arrival date*\**:** |  | **Departure date*\**:** |   |

Accommodation is with double or quad rooms.

Please indicate person names you would like to share the room with:

|  |
| --- |
| *
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|  |
|  |
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Please note that we can not guarantee to meet all the preferences.

Exceptionally, single rooms can be awarded on a case by case basis and are subject to additional fees. Please write your request here:

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|  |  |
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| **Dietary restrictions:** | Yes☐ No☐ |

If Yes, please specify:

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## Registration fees and Payment

The fees for the school cover tuition, accommodation, lunches, dinners, coffee breaks and the social event.They do not cover transportation. The trip to the school location has to be arranged by the participants themselves.

|  |  |
| --- | --- |
| **Grant awarded[[2]](#footnote-3):** | Yes☐ No☐ |
|  |  |
| If No, Please tick the amount to be paid. |
|  | **Early (till 31st July)** | **Late (after 1st August)** |
| **Student** | 490 €☐ | 590 €☐ |
| **Regular** | 590 €☐ | 690 €☐ |

Payment must be made through bank transfer payable in euros to the following account:

Bank: LA BANQUE POSTALE

RIB: 20041 01005 2617967L026 39

IBAN: FR 34 20041 01005 2617967L026 39

BIC: PSSTFRPPLIL

Please specify in the object of the transfer: Your name – BFTA 2019.

Please join a proof of payment to the registration form.

## Billing Address

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution\*:**  |   |  |  |

|  |
| --- |
|  |
|  |
| **Address:** |   |  |
|  | **Street Address** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **City** | **Country** | **ZIP Code** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone:** |  | **Email*\**:** |  |

## Signature

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature***\**: |  | **Date*\**:** |  |

1. *Please provide a justification.* [↑](#footnote-ref-2)
2. *Deadline for grant application is June,30th,* 2019. *Notification of grant acceptance is July, 15th.*  [↑](#footnote-ref-3)