

EUROCALL SiGs Bologna Application Form

Please complete this form and fax it to : **+39 051 2097751**, with a copy of the payment.

Name and Surname: _____

Institution: _____

Address: _____

Email: _____

C.F. (only for Italians) _____

Please register me for the 2012 Eurocall CMC & Teacher Education SIGs joint seminar at the University of Bologna :

EUROCALL member €95 **membership number**

Please attach evidence of bank transfer:

Bank Credit Transfer (**net after Bank Charges**) in favour of:

Centro Interfacoltà di Linguistica Teorica e Applicata 'L. Heilmann'

P.zza San Giovanni in Monte 4 - 40124 Bologna - Italy

Bank: UNICREDIT BANCA SPA, Piazza Aldrovandi 12/a, 40125 Bologna - Italy

IBAN: IT37T0200802457000002997834

BIC SWIFT: UNCRITB1PM7

COUNTRY: IT

CIN EUR: 37

CIN: T

ABI CODE: 02008

CAB CODE: 02457

BANK ACCOUNT : 000002997834

In order to comply with the Data Protection Act, we require your permission to pass on your contact details to the organisers of the EUROCALL SIGs Seminar at the University of Bologna and the EUROCALL Secretary.

Please sign the declaration below:

I agree that my contact details may be passed on to the EUROCALL SIGs Bologna organisation and EUROCALL secretary.

Signed: