**Bertinoro Workshop on Graph Drawing**

**BWGD 2015**

**(Registration Form)**

**Please, complete the form by filling out all fields. Fields marked with an \* are obligatory. Send the completed form by February 22, 2015 to the following e-mail addresses:**

* **rpartisani@ceub.it**
* **walter.didimo@unipg.it**

Title\*: \_\_\_\_\_\_\_

First Name:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Name:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middlename(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip code/Postcode \*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you wish to share a double room with another participant (and only in this case), please fill below:

Name of roommate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you vegetarian? No [ ] Yes [ ]

Any other special needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You are expected to arrive on **8 March 2015** and depart on **13 March 2015**. For additional nights and special requirements please contact the conference secretariat (see below) before submitting the registration. We have a limited number of single and double rooms within the Centro Residenziale Universitario (Ceub, workshop site). Registration and rooms will be reserved on a first served basis. In case no room is available at the Ceub, accommodation in a hotel within walking distance form CEUB will be arranged for the same price and comparable quality.

Arrival date\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departure date\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please, address any question regarding your accommodation to:

Roberta Partisani

Managing Secretary Ceub

Ph: +39-0543-446530 (or 39-0543-446500)

Fax: +39-0543-446557

rpartisani@ceub.it

I plan to attend the guided tour and social dinner on Wednesday 11, 2015

(you have not to pay for this event):

Yes [ ] No [ ]

Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_