

# 3rd International Symposium on Natural Drugs

October 2-4, 2003

Naples, Italy - Grand Hotel Oriente



## REGISTRATION FORM (DEADLINE: MAY 31, 2003)

*Please type or print in capital letters and return to Congress Secretariat: F. Borrelli / N. Milic  
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Family Name ..... Name .....

Name of Institution .....

Institution Address .....

Postal Code and City..... Country .....

Phone ..... Fax .....

E-mail .....

### REGISTRATION FEES

	<b>Until May 31</b>	<b>After May 31</b>
Participants	220,00	270,00
Accompanying person	120,00	150,00
Student (pre-doctoral or doctoral degree)	125,00	150,00
Affiliated to Company	270,00	350,00

## HOTEL ACCOMODATION FORM (DEADLINE: MAY 31, 2003)

	Single Min/Max	Double single use Min/Max	Double Min/Max
★★★★★	100,00 - 120,00 (120,00*)	120,00 - 150,00	150,00 - 170,00
★★★★	80,00 - 105,00 (90,00*)	95,00 - 100,00	120,00 - 140,00
★★★	60,00 - 70,00 (60,00*)		75,00 - 90,00
★	25,00 - 40,00 (25,00*)		45,00 - 60,00

(\*) Hotel deposit required for each person

**Please reserve in the following category:**

Nr. .... Single room/s      Nr. .... double for single use      Nr. .... Double room/s

Hotel ★★★★★

Hotel ★★★

Hotel ★★

Hotel ★

Arrival date ..... Departure date ..... Total nights .....

<b>SUMMARY</b>	
I Enclose:	
Registration fee	.....
Accompanying person	.....
Hotel reservation deposit	.....
<b>TOTAL</b>	.....

**METHOD OF PAYMENT**

- bank transfer in favour of Capasso F. / Mascolo N.D. Meeting, account n. 66/183 c/o Banco di Napoli S.p.A. Ag. 53, ABI 01010, CAB 03453, via Diocleziano 34/40, 80125 Napoli (Italia);
- personal cheque, only for residents in Italy, payable to Capasso F. / Mascolo N.D. Meeting.

*The participant's name must be clearly stated on the bank transfer, otherwise the Congress Secretariat will be unable to trace and acknowledge payment.*

**Registration and hotel accomodation form plus registration fee and hotel deposit must be mailed together with the abstract (the abstract must be also sent by e-mail to: franborr@unina.it) and full text to the Congress Secretariat.**

Signature ..... Date .....