

**5th World Conference on Experimental Heat Transfer,
Fluid Mechanics and Thermodynamics (ExHFT-5)**

Thessaloniki, Greece, September 24-28, 2001

Registration Form

Please return by mail or fax to: **Gian Piero Celata,
National Institute of Thermal Fluid Dynamics
via Anguillarese 301, 00060 S.M. Galeria, Rome, Italy
Fax ++39 06 30483026**

Please print

Registrant

Last Name: _____ First Name: _____

Company: _____

Address: _____

City: _____ Zip: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____

Dietary requirements: _____

REGISTRATION

Full (Euro 500) _____

Student (certificate attached) (Euro 450) _____

Accompanying persons n. ____ (Euro 60 each) _____

Total Payment Euro _____

I will pay on site the full fee (Euro 600)

Bank transfer (*please attach a copy*) payable to EXHFT5, account: 14135, bank: Banca Nazionale del Lavoro, Ag.Casaccia, via Anguillarese 301, 00060 S.M. Galeria (Rome), Italy.

International bank coordinates: IT36 Z 01005 03385 14135, SWIFT: BNLIITRR

Credit Card Visa MasterCard AmEx

Card number: _____ Exp. Date: _____

Cardholder's name: _____

Signature _____

NOTES: _____

One form per registrant, please. Please remember that a registration form without payment details cannot be counted as advanced registration. We regret personal cheques cannot be accepted.