COMBINATORICS 2006
June 25th-July 1st
REGISTRATION FORM

Please fill this form and send it by e-mail to

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before March 31st 2006. Do not forget to indicate your e-mail address to receive our confirmation reply.

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Department. . . . .
Postal code . . . . Street / P.O. Box. . . . .
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I plan to give a 15 minute talk. Title. . . . .
. . . .
If so, I will send the latex file of my abstract by e-mail to
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I do/I do not intend to submit a paper for the Proceedings

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TRAVEL AND ACCOMMODATION

I expect to arrive in Ischia on . . . .
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   I sent by fax the reservation form to Hotel Continental Terme.

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(Your registration will be complete only after the payment of the
registration fee.)

I have paid my registration fee of . . . . on . . . .

SPECIAL REQUESTS

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