

Registration form PISA 15th – 17th February 2008

Name/first name:..... Dr./Mr./Mrs

Profession:.....

Organisation:.....

.....

Address:.....

City:.....Postal Code:.....

Country:.....

Phone No:.....

Mobile phone No.....

E-mail.....

Please tick here:

I wish to attend the workshop on Infant Observation (€110).....
TO PAY THE FEE, 110 euro, please, make a bank transfer to

account n. 8668249/01/06 Banca Intesa - Firenze sede - ABI 03069 CAB 02840
intestato a "Centro Studi Martha Harris"
issued "2 nd EFPP I.O. workshop"

correspondent to:

IBAN IT65C0306902840086682490106
BIC BCITIT33457

(c/c n. 8668249/01/06 Banca Intesa - Firenze sede - ABI 03069 - CAB 02840)
Receiver :Centro Studi Martha Harris
issued "2ND EFPP WORKSHOP PISA 15-17 FEBRUARY 2008"

Accommodation

I wish to book a single room at S.Croce Fossabanda (€45 per night, shared facilities, or
€73 single room private bathroom, or €83 double room, used as single)
I wish to book a double room at S.Croce Fossabanda (€95 per night for two people)

I wish to book for Friday dinner (€) 30 and Saturday dinner (€) 40
(Dinner to be paid at the venue)

***Please complete this registration form and send it by fax or e-mail no later than the
15 December 2007 to: (see next page)***

S.Croce Fossabanda Pisa
at the attention of Ms Letizia
Piazza S.Croce, 11,
I-56125 Pisa / Italy

Fax +39 0509711044,
phone: +39 050 970911
e-mail info@fossabanda.it

And a copy to:

Simona Nissim
via S.Marta, 90
I-56127 Pisa / Italy

Fax +39 050540150
e-mail simonan@tin.it

For further information please contact:

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