



O.N.L.U.S.

Istituto per la Ricerca la Formazione e l'Informazione sulle Disabilità



E.C.M.

Commissione Nazionale Formazione Continua



**ICABA – INTERNATIONAL CONFERENCE ON APPLIED BEHAVIOR ANALYSIS  
IN THE TREATMENT OF AUTISM**

**IRFID ONLUS PROVIDER n. 2146**

**CODICE EVENTO n.**

**venue: Naples, Hotel Royal Continental**

**date April, 8-9-10 2016**

**REGISTRATION FORM**

ECM

12 CEUs for BCBA and BCaBA

PLEASE WRITE CLEARLY IN BLOCK LETTERS

Name and Surname .....

Profession .....

Address .....

Post Code ..... Country .....

Tel. .... Fax ..... E-mail .....

Institution/Company .....

Work address .....

Job title/role.....

**Payment in EURO**

- € 220,00 (included IVA), until 29/02/2016.
- € 280,00 (included IVA), until 31/03/2016.

Teachers, parents of children with autism and students:

- € 120,00 (included IVA), until 29/02/2016
- € 170,00 (included IVA), until 30/03/2016

**Method of payment: Bank Transfer**

BANCA PROSSIMA

directed to “IRFID - ONLUS”, Via Circumvallazione, 310, NOLA (NA)  
(stating the reason for payment: “SURNAME\_NAME\_ICABA2016”).

**BIC/SWIFT CODE      BCITITMX**

**IBAN IT21 N033 5901 6001 0000 0109 655**

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The participants must fill in the registration form and send it with a copy of the payment receipt, to IRFID onlus:

- by fax **0815288243**, or
- by e-mail [formazione@irfid.eu](mailto:formazione@irfid.eu)

Cancellations will be accepted and refunds processed only if the request is received 10 days before the begin of the workshop. However only 80% of the final fee will be refunded. Cancellations made after this date will not be refunded.

Date\_\_\_\_\_

Signature\_\_\_\_\_

*In compliance with the Italian legislative Decree no. 196 dated 30/06/2003, I hereby authorize IRFID ONLUS to use and process my personal details contained in this document*

Date\_\_\_\_\_

Signature\_\_\_\_\_