



Frontiers in Immunology Research 2014 International Conference

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FLORENCE, ITALY
July 1-4, 2014
Croce di Malta Hotel



FRONTIERS IN IMMUNOLOGY RESEARCH JULY 2014 INTERNATIONAL CONFERENCE



FLORENCE, ITALY, July 1-4, 2014
Croce di Malta Hotel



CALL FOR PARTICIPANTS

(Deadline for Abstracts and Early Registration: March 30, 2014)

The Frontiers in Immunology Research Network (**FIRN**) invites you to participate in its 2014 Conference to be held in **Florence, Italy**, at the **Croce di Malta Hotel**, July 1-4. The conference welcomes researchers from academia, corporations, governments and other organizations. Participants may present their research findings (time allocated for each presenter is 20 minutes), participate in poster sessions, participate in roundtables or simply observe. The program will consist of: invited speakers, small concurrent presentation sessions, poster sessions, roundtable thematic discussion sessions with moderator (put together by conference organizers), and occasional workshops.

To participate as a PRESENTER please submit ABSTRACTS and/or POSTERS:
ABSTRACT & POSTER SUBMISSION DEADLINE: MARCH 30, 2014

- Please, submit your abstract and panel description (of no more than 200 words) via email at (hkan@firnweb.com) and post at (**FIRN, 64 Holden Street, Worcester, MA 01605-3109, USA**) by MARCH 30, 2014. All abstracts and posters submitted will be evaluated for presentation and publication in the *Book of Abstracts & Poster Descriptions* which will be available at the Conference.
 - You may submit up to 2 abstracts or posters, or one of each;
 - Please report the categories that best fit your abstract or poster;
 - For co-authorships please include names, affiliations, and addresses of all authors and indicate who will serve as presenter;
 - The title of your abstract(s) / poster(s) is(are):
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CONFERENCE REGISTRATION FORM

(Frontiers in Immunology Research International Conference, July 1- 4, 2014)

Last Name _____ First Name and M.I. _____

Nickname for Badge _____ Position/Title/Rank _____ Affiliation _____

Mailing Address _____

Telephone: _____, Fax: _____, Email: _____

CONFERENCE FEES (DUE MARCH 30, 2014)

1. Registration Fee\$440 x ____ = _____

2. Attending Co-Author Fee & Student Fee (verification required)\$340 x ____ = _____

3. After March 30, 2014 Add Late Fee\$50 x ____ = _____

4. Guest / Companion Fee (provide name).....\$140 x ____ = _____

Total Amount Due = _____

Note: Registration fees include Membership to FIRN, the quarterly International Journal of Immunological Studies, and access to all Conference presentations, sessions, reception, lunch and coffee breaks, exhibitions and discounts to various journal subscriptions. Current FIRN members may deduct \$150 from the Registration, Attending Co-Author, or Student Fee.

Payments:

_____ My check is attached payable to FIRN (in U.S. dollars drawn on a U.S. bank).

Please charge my ____ Visa ____ MasterCard ____ American Express.

Credit Card # _____ Exp.Date _____

Authorized Signature _____

Refunds: Individuals applying for program participation but not accepted are eligible for fee refunds. Cancellations must be in writing and are subject to a \$60 handling fee. No refunds will be given for cancellations after May 30, 2014. Refunds will be processed after the conference.

PLEASE POST OR FAX YOUR REGISTRATION FEES NO LATER THAN MARCH 30, 2014 TO:

FIRN, 64 HOLDEN STREET WORCESTER, MA 01605-3109, USA

TELEPHONE: (508) 852-3937, FAX: (508) 595-0089

EMAIL: hkan@firnweb.com, WEB: <http://www.firnweb.com>

CRUCE DI MALTA HOTEL [RESERVATION FORM] (Block Name: FIRN Conference, July 1-4, 2014)

The Croce di Malta Hotel is located a few minutes' walk away from the Arno River, the Santa Maria Novella railway station, the Piazza Santa Maria Novella, the Ponte Vecchio, the Piazza Duomo and the Uffizi Gallery. The Florence-Peretola Airport can be easily reached by taxi for a fare of approximately €25. A block of rooms has been reserved until June 15, 2014. Reservations made after that date will be subject to hotel availability and rates; please reserve as early as possible. **The room rates, inclusive of taxes and buffet breakfast, are: Single €124, Double €148.** You may book directly to the hotel via post, email attachment or fax. You may pay by international money order (payable in Euros to the Croce di Malta Hotel) or credit card (Visa, Diners Club, MasterCard, and American Express.) The first night's deposit is required with reservation.

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address _____

Telephone: Day (____) _____ Fax (____) _____ Email: _____

Arrival date: _____ Departure date: _____

Smoking: ____ Non-Smoking: ____ Single: ____ Double: ____ King Bed: ____ Two-Bedded Room: ____ Number of People in Room: ____

Payments:

_____ My international money order is attached payable in Euros to "Croce di Malta Hotel."

Please charge my _____ Visa _____ MasterCard _____ American Express.

Credit Card Number _____ Exp.Date _____ Authorized Signature _____

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS AND MAIL OR FAX THE ORIGINAL TO:

Croce di Malta Hotel, Via della Scala, 7 - 50123, Florence, Italy

Telephone: +39 055 261870 or +39 055 218351, Fax: +39 055 287121

Email: info@crocedimaltaflorence.com, Web: <http://www.crocedimaltaflorence.com/>