

ECRS 2006 Registration
Send before April 30th, 2006

Title: _____ First Name: _____ Last Name: _____

Institution: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Registration fee:

Participant	Full Fee	(Before 30 th April – 300€)	_____ €
	Student Fee	(Before 30 th April – 150€)	_____ €
	Full Fee	(After 30 th April – 350€)	_____ €
	Student Fee	(After 30 th April – 200€)	_____ €
Accompanying person	50€ per person	_____ person(s) x 50€ =	_____ €
Conference Banquet	25€ per person	_____ person(s) x 25€ =	_____ €
		Total:	_____ €

I am sending the total of _____€ corresponding to registration fee

___ VISA ___ Mastercard ___ American Express ___ Eurocard

Credit Card number: _____ Expiry date: _____/_____

CVV _____ (last 3 numbers on the back side)

Print name as it appears on card: _____

___ Wire Transfer:

Bank Name: Millennium BCP

IBAN: PT50003300000001303380375

BIC/SWIFT: BCOMPTPL

(mention name and Institute, and note that the transfer should be free of charges to LIP)

Signature: _____ Date: _____

Send this form to:

LIP, ECRS2006 Secretariat, Av. Elias Garcia, 14 – 1º, P-1000-149 LISBOA

Fax: +351-217934631

Tel: +351-217973880