

## Conference Registration Form

### AUTHOR INFORMATION

TITLE: <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms			
Last Name : .....			
First Name : .....			
Institution : .....			
Department : .....			
Address : .....			
City: .....		Province/State: .....	
Country: .....		Postal/Zip Code: .....	
Email: .....@.....		Phone: .....	Fax: .....

### PAPER INFORMATION

Paper Code : .....		Paper Title: .....	
Presentation: <input type="checkbox"/> Oral		<input type="checkbox"/> Poster	

### REGISTRATION FEES

	In Euro	Amount
Before June 1, 2006	500 €	
From June 1 to June 20, 2006	530 €	
From June 21 to June 28, 2006	560 €	
IADAT Member (Before January 1, 2006)	300 €	
<b>TOTAL REGISTRATION FEES .....</b>		

**PAYMENT.** *For security reasons, payment by credit card is not accepted by e-mail .*

I authorize IADAT to debit my CREDIT CARD for the total amount of EURO # .....€		
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<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard		<b>Cardholder's Signature</b>
<p><b>CANCELLATION AND REFUND POLICY :</b> Conference registration fees are refundable less 20% upon receipt of written notice of cancellation and postmarked before July 1, 2006. Substitutions may be made at any time by fax or e-mail.</p>		

**Please, complete and fax this form to (+34 944 995011) or mail to:**

**IADAT**

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