

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

	Euro	Amount
Full Registration (Conference Dinner included)	500 €	
Student Registration	150 €	
Conference (One day Registration)	300 €	
IADAT Members (Before January 1st, 2009)	150 €	
TOTAL REGISTRATION FEES		

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 #€		<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Cardholder's name:		
Expiry Date:/...../..... Date:/...../.....		
Card # : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard		Cardholder's Signature
<p>CANCELLATION AND REFUND POLICY : Conference registration fees are refundable less 20% upon receipt of written notice of cancellation and postmarked before April 1, 2010. Substitutions may be made at any time by fax or e-mail.</p>		

**Please, complete and fax this form to (+34 944045019) or mail to:
IADAT
P.O.Box 988 - 48080 Bilbao (SPAIN)**