

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

| | Euros | Amount |
|------------------------------------------------------------|--------------|--------|
| Full Registration (Conference Dinner included) | 500 € | |
| Student Registration | 150 € | |
| Conference (One day) | 250 € | |
| IADAT Members (Before January 1st, 2009) | 150 € | |
| TOTAL REGISTRATION FEES | | |

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

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|
| 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 June 5, 2010. Substitutions may be made at any time by fax or e-mail.</p> | | |

**Please, complete and fax this form to (00 34 944045019) or mail to:
IADAT
P.O.Box 988 - 48080 Bilbao (SPAIN)**