

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 10, 2007	500 €	
From June 10 to June 30, 2007	530 €	
From July 1 to July 5, 2007	560 €	
IADAT Member (before January 1, 2007)	300 €	
TOTAL REGISTRATION FEES		

PAYMENT BY BANK TRANSFER

I enclosed photocopy of bank transfer for the amount of Euro€, made payable to IADAT	
Name of Account : IADAT	
IBAN- International Bank Account	
IBAN: ES34 0019 4308 9540 1000 2325	
SWIFT Code: DEUTESBBXXX	
DEUTSCHE BANK	
Signature	
CANCELLATION AND REFUND POLICY : Conference registration fees are refundable less 20% upon receipt of written notice of cancellation and postmarked by July 10, 2007. Substitutions may be made at any time by fax or e-mail.	
IMPORTANT NOTE : Bank taxes must be paid by the participants. Otherwise, this amount will be charged at the registration desk.	

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

IADAT

P.O. Box 988 – 48080 Bilbao (SPAIN)