

## 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.** 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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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="text"/>	
<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard	
<b>Cardholder's Signature</b>	
<b>CANCELLATION AND REFUND POLICY :</b> Conference registration fees are refundable less 20% upon receipt of written notice of cancellation and postmarked before July 10, 2007. Substitutions may be made at any time by fax or e-mail.	

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

**IADAT**

**P.O.Box 988 - 48080 Bilbao (SPAIN)**