

## 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

Registration Fees	In Euro	Amount
Full Registration (Conference Dinner included)	500 €	
Student Registration	150 €	
Conference (One day registration)	300 €	
IADAT Members (Before January 1 <sup>st</sup> , 2009)	150 €	
<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 # .....€		
Cardholder's name: ..... Expiry Date: ...../...../.....     Date: ...../...../.....	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	
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="checkbox"/> VISA <input type="checkbox"/> Mastercard	Cardholder's Signature	
<p><b>CANCELLATION AND REFUND POLICY :</b> Conference registration fees are refundable less 20% upon receipt of written notice of cancellation and postmarked before April 5, 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)**