

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		
Until June 30, 2006	500 €	<input type="checkbox"/>
July 1-31, 2006	530 €	<input type="checkbox"/>
August 1-15, 2006	560 €	<input type="checkbox"/>
IADAT Member (Before January 1, 2006)	300 €	<input type="checkbox"/>
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 International Bank Account Number IBAN: ES34 0019 4308 9540 1000 2325 SWIFT Code: DEUTESBBXXX DEUTSCHE BANK	Signature <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
CANCELLATION AND REFUND POLICY : Conference registration fees are refundable less 20% upon receipt of written notice of cancellation and postmarked by September 1, 2006. 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)