

Conference Registration/Sponsorship/Donation Form

AUTHOR INFORMATION

TITLE:	<input type="checkbox"/> Prof.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms
Last Name :	.....		
First Name :	.....		
Organisation :	.....		
Department :	.....		
Address :	.....		
City:	.....	Province/State:	.....
Country:	.....	Postcode/Zip Code:	.....
Email:	.....@.....	Phone:	.....	Fax:


INFORMATION

Type of Participation:	<input type="checkbox"/> Product Exhibition	<input type="checkbox"/> Presentation	<input type="checkbox"/> Workshop
Date of Event:	.....	

REGISTRATION FEES/DONATION/SPONSORSHIP (delete as appropriate)

Amount:	Currency:.....
Date:	

PAYMENT BY BANK TRANSFER

I enclosed a copy of a bank transfer receipt for the amount of Euro/GBP.....€£, made payable to IADAT	
Name of Account: IADAT	
IBAN: ES34 0019 4308 9540 1000 2325	
International Bank Account Number	
DEUTSCHE BANK, BILBAO.	
Signature	
CANCELLATION AND REFUND POLICY: Conference sponsorships or donations are refundable less 20% upon receipt of a written notice of cancellation 30 full days before the conference.	

**Please, complete and fax this form to (+34 944 995011) or mail to:
IADAT, P.O. Box 988 – 48080 Bilbao (SPAIN)**