

Conference Registration/Sponsorship/Donation Form

AUTHOR/DELEGATE 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 (delete as appropriate)

Amount:	Currency:.....
Date:	

PAYMENT. *For security reasons, payment by credit card is not accepted by e-mail .*

I authorise IADAT to debit my CREDIT CARD for the total amount of	
EURO or GBP #€£	
Cardholder's name:	
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	
Cardholder's 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)**