

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

	Euro	Amount
Full Registration (Conference Dinner included)	500 €	
Student Registration	150 €	
Conference (One day)	300 €	
IADAT Members (Before January 1st, 2009)	150 €	
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>
<p>CANCELLATION AND REFUND POLICY : Conference registration fees are refundable less 20% upon receipt of written notice of cancellation and postmarked by April 1, 2010. Substitutions may be made at any time by fax or e-mail.</p> <p>IMPORTANT NOTE : Bank taxes must be paid by the participants. Otherwise, this amount will be charged at the registration desk.</p>	

**Please, complete and fax this form to (00 34 944045019) or mail to:
IADAT
P.O. Box 988 – 48080 Bilbao (SPAIN)**