

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	<input type="checkbox"/> Industrial Applications	

REGISTRATION FEES

	In Euro	Amount
Before June 1, 2007	500 €	
From June 1 to June 15, 2007	530 €	
From June 16 to June 25, 2007	560 €	
IADAT Member (Before January 1, 2007)	300 €	
TOTAL REGISTRATION FEES		

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:/...../.....	
Card # : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard Cardholder's Signature	
CANCELLATION AND REFUND POLICY : Conference registration fees are refundable less 20% upon receipt of written notice of cancellation and postmarked by July 1, 2007. Substitutions may be made at any time by fax or e-mail.	

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