



REGISTRATION FORM EDCC – 6

Please complete this form and FAX it to the following number: +351 239 701 266

	ATTENDEE	INFORMATION		
First Name:	M.I.:	Last name:		
Title: □ Pro	of. \square Dr. \square Mr. \square Ms.			
Affiliation:				
Address:				
Tel. No:	Fax. No.:	E-mail:		
	REGIST	RATION FEE		
		D 1	G4 1 4	1
	Registration Fee	Regular	Student	
	Conference registration	□ € 480.00	□ € 240.00	
	Extra proceedings	$\Box \in 50.00 \text{ x} \underline{\qquad} \text{copies} = \underbrace{\epsilon}_{\underline{\qquad}}$ $\Box \in 30.00 \text{ x} \underline{\qquad} \text{tickets} = \underbrace{\epsilon}_{\underline{\qquad}}$		
	Extra welcome reception tickets			
	Extra banquet tickets	□ € 60.00 x t	ickets = €	
* Conference r welcome reco	registration includes the attendance to all seeption, and banquet.	essions, the conference p	roceedings, coffee brea	ıks, buffet lunch
	PA	YMENT		
Total Amour	nt (€):			
Type of Cred	dit Card: Credit Card	Number:		
CVV number (last 3 numbers on the back of the card on the signature panel):			Exp. Date:	
Card Holders	s Name:			
Date (DD/MM/Y	YYYY):/			
			Signature	