

Send to:
registration@icolim2011.hep.hr

Or fax to:
++ 385 1 46 98 052

REGISTRATION FEE FORM

Deadline: May 10th, 2011

A separate copy of this form must be completed for each participant.

Mr. Mrs. Ms.

First name:

Last name:

Job title:

Preferred language at the conference:

English German French

Company name:

VAT/ Tax number:

Company address:

Postal code, city:

Country:

Telephone:

Fax:

Mobile phone:

e-mail:

Arrival date:

Departure date:

Registration	Price EUR	Total registration fee in EUR
Registration fee for author*	760 €	
Registration fee for participant	895 €	
Registration fee for exhibitor / author	480 €	
Registration fee for exhibitor	550 €	
Registration fee for visitors at live work demonstration, only	205 €	
Registration fee for demonstrators	0 €	
Accompanying person	345 €	

Programme for accompanying persons May 31st 2011	48 €	
Programme for accompanying persons June 1st 2011	76 €	
Programme for accompanying persons June 2nd 2011	62 €	
Dinner, May 31st 2011	70 €	
Gala Dinner, June 1st 2011	110 €	
	TOTAL	

***Speaker:** Yes No

If no, name of other speaker /proxy:

I will attend:

dinner - May 31st 2011
galla dinner - June 1st 2011
demo day in TS Žerjavinec - June 2nd 2011

Special requirements:

**please note that your special requirements will be taken into consideration, but cannot be guaranteed*

ACCOMPANYING PERSON

Mr. Mrs. Ms.

First name:

Last name:

Mr. Mrs. Ms.

First name:

Last name:

Mr. Mrs. Ms.

First name:

Last name:

Special requirements:

**please note that your special requirements will be taken into consideration, but cannot be guaranteed*

CANCELLING of participation and reimbursement of payment:

- **before April 20th,2011 - reimbursement of 100%** of the amount paid **reduced by 20 € for administrative charges,**
- **before May 2nd,2011 - reimbursement of 50%** of the amount paid,
- **after May 17th,2011 - the costs shall be charged in full.**

Personal participation cancellation is possible only in written form.

PAYMENT

Payment can be made either by bank transfer or by credit card!

a) Payment by bank transfer

If the costs of your registration fee are paid by another company, please fill in the following part of the form below:

Company name:

VAT/ Tax number:

Company address:

Postal code, city:

Country:

Telephone:

Fax:

Contact person:

e-mail:

PAYMENT UPON RECEIPT OF PROFORMA INVOICE.

NOTE: All bank fees need to be covered by paying party.

b) Payment by Credit Card:



VISA



MASTERCARD



AMERICAN EXPRESS



DINERS

Card No.:

Expiry date:

CSC code:

Please include the last 3 or 4 digit **Card Security Code (CSC)** printed at the back of your card on the signature panel.

Cardholder:

Signature:

Address of cardholder (if different from remitter):

Date:

Signature: