

## REGISTRATION FORM

PERSONAL DATA						
Full Name*						
Institution*						
e-mail*						
Address						
Postal Code, City						
Phone*						
Country*						
Paper title*						
INVOICE/RECEIPT INFORMATION						
Affiliation or Name*						
Address*						
Postal Code, City*						
Country*						
VAT Number*						
PAYMENT INFORMATION						
Conference fees	Early Bird (before Jul 10)		Early (before Jul 20)		Late (after Jul 20)	
Delegates	€ 400		€ 450		€ 570	
Students	€ 270		€ 320		€ 400	

## FORM OF PAYMENT

Bank transfer (free of charge for the travel agency)*	
(Perform bank transfer and save it in PDF format and send with PDF Registration Form fully filled together with proof of bank transfer directly to Caravela Travel Agency email: grupos@caravela.pt or by fax to 00 351 253 200 509)	
Beneficiary name	Agencia de Viagens Caravela
Address	Rua Eça de Queiros, 92 - 4700-315 Braga - Portugal
Bank name	Millenium BCP
Address	Praça do Condestável ( Maximinos), 121, 4700-215 BRAGA
IBAN	PT50 0033 0000 0000 1610 2873 8
SWIFT CODE	BCOMPTPL
Credit card information*	
(Fill in credit card details and printed PDF registration form, sign it and send it directly to Caravela Travel Agency Email: grupos@caravela.pt or by fax to 00 351 253 200 509)	
	MASTER CARD <input type="checkbox"/> VISA <input type="checkbox"/>
Credit card number	
Valid until (date)	
CVV code (3 last digits in the back of credit card)	
Name on the credit card	
Signature (as shown on credit card)	

\* Mandatory Fields