

## REGISTRATION FORM

### PARTICIPANT INFORMATION

Organization (University, Company, Institute, ...): \_\_\_\_\_

Job or Status : \_\_\_\_\_

Mrs  Ms  Mr  Name et first name : \_\_\_\_\_

Accompanying person :  yes  no

Address : \_\_\_\_\_

Post code : \_\_\_\_\_ City : \_\_\_\_\_ Country : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_

E-mail : \_\_\_\_\_

### CONGRESS REGISTRATION

CATEGORY	ADVANCE PRICE (before July 1st)	LATE PRICE (after July 1st)	INCLUDES
<b>A</b> <b>Attendant</b>	550 €	600 €	Conference proceedings + conference program + coffee breaks + 3 lunches + 1 gala dinner
<b>B</b> <b>Student</b>	250 €	300 €	Conference proceedings + conference program + coffee breaks Lunches and Gala dinner excluded
<b>C</b> <b>Extra ticket for Gala Dinner</b>	100 €	100 €	Only gala dinner
<b>D</b> <b>Extra ticket for lunch</b>	35 €	35 €	1 Ticket per lunch
<b>E</b> <b>Extra copy of proceedings</b>	30 €	30 €	Proceedings

VAT 19.6% included

**For local organization, we need more information:**

**Please tick the appropriate boxes (Dinner are included in fees A, C and D)**

Wednesday, September 16th, 2009

I will be at the Conference lunch

Thursday, September 17th, 2009

I will be at the Conference lunch

Friday, September 18th, 2009

I will be at the Conference lunch

I will be at the Gala dinner

I have special dietary requirements: I am Vegetarian (Please tick if necessary)

**Please indicate if you participate to** (it doesn't correspond to a registration to these events)

European Summer School on Hydrogen Safety 4

ISO TC58/WG

NATURALHY Workshop

IEA-HIA/Task19

NATURALHY Final meeting

IA HYSAFE General Assembly

**TOTAL DUE**

TOTAL OF CONGRESS REGISTRATION (+ Extra Ticket) : \_\_\_\_\_ €

**PAYMENT**

Payment can be made by bank transfer. Please note that all bank costs and money transfer costs must be prepaid by the registrant.

Please, be sure to pay all fees charged from your bank. We must receive your wire transfer amount in full. Please, do not forget to ask your bank to include your name as the issuer (originator) of the transference.

**INSERT ALSO THE REF. NUMBER OF THE PAPER otherwise; we will not be able to associate the transference to your conference fees.**

by Check enclosed (please make check in Euros payable to Corsica Events – Ollandini Voyages)

by credit card       Visa       Mastercard       American Express

Number of the card: \_\_\_\_\_ Expire end : \_\_\_\_\_/\_\_\_\_\_ Cryptogram: \_\_\_\_\_

Name of the owner's card: \_\_\_\_\_

Date and signature of the owner's card:

by Bank transfert:

**BNP PARIBAS**

33, Cours Napoléon - AJACCIO

Agency Ajaccio (01467)

**RIB:** 30004 01497 00020005661 27

**IBAN:** FR76 3000 4014 9700 0200 0566 127

**SWIFT / BIC:** BNPAFRPPNIC

Thanks for sending back this certificate to :

For more information, please contact:

**CORSICA EVENTS** 1 rue Paul Colonna d'Istria BP 304 – 20181 Ajaccio cedex 1

**Tél: (+33)4.95.23.92.45 Fax: (+33)4.95.23.92.21**

**e-mail: [infos@corsicaevents.com](mailto:infos@corsicaevents.com)**