

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
A Attendant	550 €	600 €	Conference proceedings + conference program + coffee breaks + 3 lunches + 1 gala dinner
B Student	250 €	300 €	Conference proceedings + conference program + coffee breaks Lunches and Gala dinner excluded
C Extra ticket for Gala Dinner	100 €	100 €	Only gala dinner
D Extra ticket for lunch	35 €	35 €	1 Ticket per lunch
E Extra copy of proceedings	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

NATURALHY Workshop

NATURALHY Final meeting

ISO TC58/WG

IEA-HIA/Task19

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:

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