

SYMPOSIUM PARTICIPANTS. REGISTRATION FORM

Please, return by fax or email to VIAJES EL CORTE INGLES. C/ Martinez 12, Málaga. Spain Tf: +34.952 600840
Fax: +34.952 226997 E-mail: malagalarios@viajeseci.es before **June 16th, 2010**. After this date, the registration will be on site exclusively.

PERSONAL INFORMATION OF THE SYMPOSIUM PARTICIPANT

Family Name: _____ Name: _____
 Institution: _____
 Address: _____
 D.P.: _____ City: _____ Country: _____ Telephone: _____
 E-MAIL: _____ ID/Passport Number: _____
 Title: Mr. Mrs. Dr. Prof.

PAPER INFORMATION

Paper ID (one paper is included in the registration): _____
 Number of extra papers: _____ Extra Papers ID: _____

REGISTRATION FORM

THE REGISTRATION INCLUDES ALL THE SOCIAL PROGRAM AND LUNCHES. *Note that there will be no reimbursement.*

	Fee	Student Fee*
Early Registration (By 1 st May 2010) (<i>Required to include a paper in the conference proceedings</i>)	400 €	200 €
Extra Papers (By 1 st May 2010) (<i>Required to include each extra paper in the conference proceedings</i>) Indicate the number of extra papers in the box.	200 € (each)	150 € (each)
Standard Registration (From 2 nd of May 2010 to 16 th of June)	450 €	250 €
Late Registration/On site fee (After 16 th of June)	500 €	300 €

*Students receive a discount and must send documentation of their student status to malagalarios@viajeseci.es with the subject "CMMR2010 student documentation" at the same time that you send the registration form.

TOTAL Amount (Registration) [A]: _____ €

FORM OF PAYMENT

1) Bank Transfer to:
 Within Spain: Viajes El Corte Inglés, S.A.
 Banco Santander Central Hispano
 0049-1500-06-2510011350
 Plaza Canalejas, 1 – 28014 Madrid
 International Transfer: Viajes El Corte Inglés, S.A.
 Bank BBVA
 I.B.A.N.: ES20 0182 3994 0102 0066 4667
 SWIFT: BBVAESMMXXX
 C/ Alcalá, 16 – 28014 Madrid
It is essential to send us by fax the bank transfer copy

2) Charged to: VISA AMERICAN EXPRESS MASTER CARD
 Credit card number: _____
 Card Holder's name: _____ Expiry Date : _____

TOTAL AMOUNT [A] : _____ € Date: _____
 Authorizing Signature: _____

INVOICING DETAILS

Institution/ Company Name _____
 VAT Payer Number _____ Address (if different from the above) _____
