event registration form

### [EVENT NAME HERE]

Registration Details

Mr.  Ms.  Sir  Madam

Family Name: First Name:

Position: Department:

Organisation/Company:

Address:

Zip code: Town: Country:

Phone: Fax:

Email:

Registration Fee

*Become a member when registering to this workshop and benefit from the discounted members’ rate from now on (further details are available on the [Website****]***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Already member** | | *+ VAT 21%* | **Non-Members** | | *+ VAT 21%* |
| **Registration Fee** |  | $ 650.00\* | + $ 136.50 |  | $ 750.00 | + $ 157.50 |
| **Reduced Registration Fee**  (academia, reg. authorities, ethics committees, associations) |  | $ 150.00\* | + $ 31.50 |  | $ 250.00 | + $ 52.50 |
| **Students and Retired Delegates** |  | $ 100.00\* | + $ 21.00 |  | $ 100.00 | + $ 21.00 |

*The registration fee includes workshop material, coffee breaks and lunch.*

\*I confirm my following membership is valid:

EVENT DETAILS by date & hour

| Dates | Hours | How spent |
| --- | --- | --- |
| Date | Hours | How spent |
| Date | Hours | How spent |
| Date | Hours | How spent |
| Date | Hours | How spent |

over all event details

|  |  |  |  |
| --- | --- | --- | --- |
| EVENT NAME | Name | DATE OF EVENT | Date |
| ACTUAL TIME OF EVENT | BEGIN:  END: | LOCATION: | Location |
| Registrant Name | Name | Registrant ID | ID |

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |

Specific diet requirements (vegetarian, allergies …): …………………………....................................................................

If you need any other specific facilities (wheelchair access …), do not hesitate to inform the ***Management.***

Cancellation Policy

*All cancellations must be in writing. Cancellations received before DATE are subject to a charge of 25% of the registration fees for administrative costs. From DATE on, full payment will be requested and refunds will not be provided. Replacements by colleagues, i.e. transfer of the registration at no extra cost, are much welcome.*

Way of Payment

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BANK TRANSFER** All charges to be borne by principal, to the order of the [Organizer] | | | | | | | | | | | |
| **Account Holder:** | | ORGANIZER Events | **Bank Name:** | | Bank Name | | | **BIC/Swift** | |  | |
| **Account #:** | |  | **IBAN:** |  | | | | **Communication** | | Invoice # Delegate’s name | |
| **CREDIT CARD:**  American Express  MasterCard  VISA | | | | | | | | | | |
| **Cardholder:** |  | | | | | **Amount:** | …………….…….…….*+……….………****VAT*** | | | |
| **Card #:** |  | | **Expiry date:** | | |  | **Security Code (CVC):** | |  | |
| **Date:** |  | | **Signature:** | | |  | | | | |

Data Protection Statement & Personality / Image Rights

*By filling out the registration form, the participant gives consent that ORGANIZER can process the data provided within the framework of the conference and allow photographs to be made during the conference. This includes, unless registered participants object, all handling needed for the applicant’s participation at the event and for the drafting of a list of participants which will be distributed at the conference, and placing photographs in the pictures gallery accessible only by participants and ORGANIZER members, in the ORGANIZER newsletter or selecting some for articles on the conference in a journal or newspaper, or in any other web/printed publication.*