WODES 2000 Registration form

Please complete in capitals and return by fax to: +32(0)9 264 58 40.

I. PARTICIPANT

Surname: ________________ First name(s): ________________
Institute or Company name: ________________ Title: ________________
Mailing address: ________________
Street, number, box: ________________
Zip code: ________ City: ________________ Country: ________________
Email: ________________ Paper number (if applicable): ________

II. ACCOMPANYING PERSON

Surname: ________________ First name(s): ________________

III. REGISTRATION FEE (please, check category and fill in the amount to be paid)

			Amount
☐	Early registration by June 20, 2000	330 EUR	________
☐	Registration after June 20, 2000	400 EUR	________
☐	Early student[1] registration by June 20, 2000	285 EUR	________
☐	Student[1] registration after June 20, 2000	355 EUR	________
	Additional Conference Dinner 45 EUR x	________	________
		TOTAL:	________ EUR

Please indicate if you have special dietary requirements: ________________

[1] Recommendation letter of supervising professor is required and should also be sent by fax to: +32(0)9 264 58 40.

Payments must be made in EUR (net amount) by using one of the following methods

☐ BANK TRANSFER

Name of the bank: A.S.L.K. Bank, Wolvengracht 48, 1000 Brussel, Belgium

SWIFT: CGAKBE-BB

Holder of the account: Universiteit Gent

Account number: 001-1950612-18

Message: WODES 2000 — Kostendrager P9160

Indicate the name of the participant and his/her organisation. All transfer costs are to be paid by the participant. Do NOT forget the message "WODES 2000 — Kostendrager P9160".

☐ CREDIT CARD

I undersigned ________________ (Surname and first name)

authorise the WODES 2000 Organisation to debit the sum of ________ EUR on my credit card:

☐ VISA ☐ EURO-MASTERCARD

Card number: ____ ____ ____ ____

Card holder's name: ________________ Expiration date: ________

Date: ________________ Signature: ________________