

## REGISTRATION FORM

9<sup>th</sup> Int CLAWAR'2006 - Brussels, Belgium. 11-14 September 2006

**FAMILY Name :** \_\_\_\_\_ **First Name :** \_\_\_\_\_

**Institution :** \_\_\_\_\_

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

**City :** \_\_\_\_\_ **State :** \_\_\_\_\_

**Zip Code :** \_\_\_\_\_ **Country :** \_\_\_\_\_

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

**E-mail address :** \_\_\_\_\_

**Title of paper:** \_\_\_\_\_

**Accompanying person(s) (spouse,...) :**

**Last Name :** \_\_\_\_\_ **First Name :** \_\_\_\_\_

**Last Name :** \_\_\_\_\_ **First Name :** \_\_\_\_\_

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**Conference fees (stick the appropriate item)**

	<b>Authors</b>	<b>Others</b>	<b>Students</b>	<b>Exhibitors</b>
<b>Before July, 31</b>	[ ] 300 €	[ ] 400 €	[ ] 50 €/day	[ ] 200 €/day
<b>After July, 31</b>	[ ] 400 €	[ ] 500 €	[ ] 50 €/day	[ ] 300 €/day
<b>Per Accompanying persons*</b>	[ ] 50 €	[ ] 50 €	[ ] 50 €	[ ] 50 €

\* Get together and Musical evening included

Participation days (students and exhibitors): Sep 11 [ ] Sep 12 [ ] Sep 13 [ ] Sep 14 [ ]

**TOTAL PAYMENT (Euro):** \_\_\_\_\_ €

**Please, tick preferred payment**    **Bank transfer** [ ]

**Bank transfer data:**

*Bank:* FORTIS BANK

*Address:* 1000 Brussels

*IBAN:* BE94001420062014    *SWIFT :* GEBABEBB    *Account number:* 001-4200620-14

**Please, include CLAWAR'2006 in the transference document and send a copy of the receipt to the Conference Secretariat by fax +32-2 7426547**

**Please, fill up in case of credit card payment:**    **Visa** [ ]                      **Mastercard** [ ]

*Cardholder's name:* \_\_\_\_\_

*Credit card number :* \_\_\_\_\_ *Expiry date:* \_\_\_\_\_

*Security code (last 3 digits printed on back of card):* \_\_\_\_\_

*Cardholder's signature:* \_\_\_\_\_

**THIS FORM SHOULD BE RETURNED TO: CLAWAR'2006 Secretariat,**

**Fax: +32-2-7426547, e-mail: Yvan.Baudoin@rma.ac.be**