

VIII Conference on *Diagnostics of Processes and Systems*

DPS 2007

Słubice, Poland
10–12 September 2007

REGISTRATION FORM

PERSONAL DATA

Family Name: First Name:

Title : Position:

Affiliation:

Address:

Phone: Fax: E-mail:

I intend to: participate in the Conference deliver a paper

Paper Title:

.....

Please fill in the form legibly in block letters.

CONFERENCE FEE

before 1st June 2007

after 1st June 2007

Conference fee:

400 €

450 €

TOTAL DUE: €

continued on next page

BANK TRANSFER *

I have remitted the grand total from my bank
.....
on (date) payable in Euros (copy enclosed) to:

Kredyt Bank S.A.

ul. Wojska Polskiego 25, 65-339 Zielona Góra, POLAND
SWIFT Code: KRDBPLPW
Account No.: 82 1500 1810 1218 1003 5188 0000
Reference: *Conference fee DPS 2007 + name*

CREDIT CARD *

I agree that you charge the amount payable in Euros to:

VISA MasterCard American Express OTHER

Card number: Expiration date:

Cardholder's name:

Cardholder's signature:

** Please mark the proper way of payment*

INVOICE REQUEST

If you wish to receive an invoice of your payment, please fill in the form below. The invoice will be issued after the payment is made and will be sent to you by post to address given in invoice details.

Invoice Details

Name and Surname/Organization or Company:
.....

Address:
.....

VAT number:

Please fill in the form legibly in block letters and send it by fax to 0 68 3284 751

.....

Date

.....

Signature