

FP7 MASTER - Registration Form

Please fill in and send by fax to +32 2 650 56 09

Personal Information

First Name: _____
 Last Name: _____
 Affiliation: _____
 Address: _____
 Postal Code: _____ City: _____
 Country: _____
 Phone: _____ E-mail: _____

Fees¹

		Total
		340 €
Additional gala dinner	70 €/pers	_____ €
Additional invited drink	20 €/pers	_____ €
Grand Total		_____ €

You will pay by: Bank transfer Credit Card

¹ Registration fees are not refundable and include the invited drink of September 2, the gala dinner and the attendance to the sessions of September 3

Payment by Bank transfer

Please pay your fee through an international bank transfer to:

Account holder: Université Libre de Bruxelles
 Account number: 210-0429400-33
 Bank name: BNP Fortis Bank
 Bank address: Agence Solbosch, Av. Paul Heger 22, 1050 Brussels, Belgium
 Swift/BIC code: GEBABEBB
 IBAN: BE79 2100 4294 0033
 Communication: FL051-4-R00000 - WISTP MASTER - your name

Payment by Credit Card

Amex Visa Mastercard Diner's

Credit card number: _____ - _____ - _____ - _____

Credit card owner's name: _____

Credit card expiry date: ____ / ____

Signature: _____