

REGISTRATION FORM

Salamanca, September 2-5, 2009

Participant (contact data)

Name: _____ e-mail: _____

University / Institution: _____ Phone: _____

Postal Address: _____ Fax: _____

Postal Code / City: _____

I agree with the publication of my contact data on the conference website: Yes No

I agree with the publication of my contact data in the program: Yes No

Papers

I will present a paper: Yes No

Provisional title: _____

Language: _____ Technical equipment required: _____

If you intend to read a paper, please send an abstract as well.

Registration fees

	Early fee (before May 30th)	Late fee (after May 30th)
S.I.E. Members – Regular	€ 72	€ 80
S.I.E. Members – Students	€ 48	€ 65
Non-Members – Regular	€ 100	€ 125
Non-Members – Students	€ 70	€ 70

Payment

I shall transfer the sum of € _ _ _ to the conference bank as follows:

Account holder: UNIVERSIDAD DE SALAMANCA
 Bank: BANCO SANTANDER CENTRAL HISPANO
 Account no.: 00491843442110186234
 IBAN: ES13
 BIC: BSCHESMM
 Reference: 09/1489/01 (for students)
 09/1489/02 (for non-students)

Please note that the payments must be made “free of charge for the beneficiary”.