



EuroCG'09 Registration Form

Please fill in and send by e-mail to eurocg09@eurocg.org **and** by fax to +32 2 650 56 09.
Do not include any credit card information in the e-mail.

Personal Information

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

Conference fees

	Late or on site	Total
Regular	170 €	_____ €
Student	115 €	_____ €
Additional banquet	50 €	_____ €
Grand Total		_____ €

Would you like a vegetarian meal? Yes / No
You will pay by: Bank transfer Credit Card

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: Fortis Bank
Bank address: Agence Solbosch, Av. Paul Heger 22, 1050 Brussels, Belgium
Swift code or BIC code: GEBABEBB
IBAN: BE79 2100 4294 0033
Communication: "FL052-4-R00000 - EuroCG - your name"

Payment by Credit Card

Amex Visa Mastercard Diner's

Credit card number: _____ - _____ - _____ - _____

Credit card owner's name: _____

Credit card expiry date: ____ / ____

Signature: _____