

# Conference Registration Form

**VISIT-ME-2002, 10-13 July 2002, Vienna, Austria**



*Please send completed form to:*

Bernhard Kutzler, ACDCA, Hasnerstr. 9/10, A-4020 Linz (Europe)  
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**Conference Program available at: [www.acdca.ac.at/visit-me-2002](http://www.acdca.ac.at/visit-me-2002)**

## **Conference Delegate:**

First name, family name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Mailing address: \_\_\_\_\_

email address: \_\_\_\_\_ phone/fax: \_\_\_\_\_

## **Accompanying Person(s):**

Name(s) and age(s) of accompanying person(s) not participating in the scientific program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Registration Fees:**

The following fees include the welcome reception, the conference dinner and the excursion. The fees for the conference delegates also include admission to all presentations and workshops.

☐ Registration for conference delegate (dependent on date of registration):

from 1 June: Euro€245 (approx. US\$ 210) ..... Euro€ \_\_\_\_\_

☐ Registration for accompanying person(s):

from 1 June: Euro€ 129 (approx. US\$ 111) ..... Euro€ \_\_\_\_\_

**TOTAL** ..... Euro€ \_\_\_\_\_

## **Excursion Participation (cost included in the conference fee):**

I and the person(s) accompanying me intend to participate in the following excursion on Thursday afternoon. (Mark 1<sup>st</sup> and 2<sup>nd</sup> choice.)

☐ Wachau

☐ Vienna

☐ Burgenland

## **Conference Dinner:**

I and the person(s) accompanying me need ☐ vegetarian dinners.

## **Payment:**

I pay the total of Euro€ \_\_\_\_\_ (registration fees for all participating persons) by the following method:

(In case you do a money transfer or send a cheque, please make sure that it is free of charge for the recipient.)

☐ I transfer the designated amount to the Austrian **bank account number 5230404** at

"Raiffeisenbank Hagenberg, Raiffeisenplatz 1, A-4232 Hagenberg" (bank number 34460, SWIFT Code RZ00AT2L460).

☐ I send a cheque to the following address, made payable to "ACDCA, VISIT-ME-2002":

"VISIT-ME-2002, ACDCA, c/o B Kutzler, Hasnerstr. 9/10, A-4020 Linz, Austria"

☐ I pay by credit card (check or circle): ☐ MASTERCARD / ☐ VISA

Credit card number: \_\_\_\_\_ expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_