



2<sup>nd</sup> IFAC Workshop on  
Fractional Differentiation and its Applications



19 - 21 July, 2006, Porto, Portugal

# REGISTRATION FORM

## IDENTIFICATION (Please TYPE or use BLOCK LETTERS)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

COMPANY / INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

## CONFERENCE FEE

	Early Registration Till 25th March	Late Registration After 25th March
Participants	EUR 400,00	EUR 500,00
Students	EUR 250,00	EUR 300,00
Extra Paper	EUR 100,00	EUR 100,00

Total for Conference Registration - EURO \_\_\_\_\_

## HOTEL RATES AND CATEGORY Rates are in EUROS, per Room, per Night, including Breakfast and Taxes

	Ipanema Park	Pestana	Ipanema Porto	Fenix	Beta	Tuela	Grande Hotel Do Porto	Ibis S. João
Category	*****	*****	*****	*****	*****	***	***	**
Single Room	EUR 75,00	EUR 98,00	EUR 65,00	EUR 65,00	EUR 52,00	EUR 55,00	EUR 57,00	EUR 49,00
Double Room	EUR 85,00	EUR 110,00	EUR 75,00	EUR 75,00	EUR 67,00	EUR 65,00	EUR 63,00	EUR 53,00

To guarantee Hotel Reservation, the Hotel reservation Form must be received until 31<sup>st</sup> May, together with the full payment of the hotel accommodation. No cancellations will be accepted after the date.

Hotel: \_\_\_\_\_ Date of Arrival: \_\_\_\_\_ / \_\_\_\_\_ / 2006 Date of Departure: \_\_\_\_\_ / \_\_\_\_\_ / 2006

Nr. of Rooms: \_\_\_\_\_ X \_\_\_\_\_ X nr of nights: \_\_\_\_\_ X \_\_\_\_\_ Hotel Rate = EURO \_\_\_\_\_

Total for Hotel Accommodation - EUROS \_\_\_\_\_

## SOCIAL PROGRAM

	Price	Number of persons	Totals
Porto Tour - Panoramic	EUR 24,40		= EUR
Tour Santiago Compostela	EUR 60,00		= EUR
Serralves	EUR 32,00		= EUR

Total for Social Program - EURO \_\_\_\_\_

## PAYMENT

Payment can be done by a Bank Draft issued to Viagens Abreu S.A., or by Credit Card.

For payment by Credit Card, please fulfill: I authorize the charge of EUROS \_\_\_\_\_ to my credit card:

VISA  AMERICAN EXPRESS  EUROCARD/MASTERCARD

Credit Card nr... \_\_\_\_\_ Expire Date \_\_\_\_\_ / \_\_\_\_\_

C.V.V. (last 4 numbers on the back side of the card) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address associated with your credit card Bank account (only AMEX) \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / 2005 Signature (of Card Holder) \_\_\_\_\_

## PLEASE SEND THIS REGISTRATION FORM TO:

Viagens Abreu, S. A.  
C/O Congress Department  
Av. dos Aliados, 207  
4000-067 Porto - PORTUGAL

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PHONE: +351 222 043 570  
EMAIL: [congress.porto@abreu.pt](mailto:congress.porto@abreu.pt)

