

CRSP 2006 Registration
Please send before May 31st, 2006

Title: _____ First Name: _____ Last Name: _____

Institution: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Registration fee:

Participant	Full Fee	(Before May 31 st – 30 €)	_____ €
	Student/Teacher Fee	(Before May 31 st – 15 €)	_____ €
	Full Fee	(After May 31 st – 40 €)	_____ €
	Student/Teacher Fee	(After May 31 st – 20 €)	_____ €
	Total:		_____ €

I am sending the total of _____ € corresponding to registration fee

___ VISA ___ Mastercard ___ American Express ___ Eurocard

Credit Card number: _____ Expiry date: ____/____

CVV _____ (last 3 numbers on the back side)

Print name as it appears on card: _____

___ Wire Transfer: Bank Name: Millennium BCP
IBAN: PT50003300000001303380375
BIC/SWIFT: BCOMPTPL
(mention name and Institute, and note that the transfer should be free of charges to LIP)

Signature: _____ Date: _____

Send this form to:

LIP, CRSP'06 Secretariat, Av. Elias Garcia, 14 – 1º, P-1000-149 LISBOA
Fax: +351-217934631 Tel: +351-217973880