

REGISTRATION FORM

To be returned to the A.I.M. Secretariat, rue Saint-Gilles 31, B-4000 LIEGE
tel. : +32 4 222.29.46 ♦ fax : +32 4 222.23.88 ♦ e-mail : c.dizier@aim.skynet.be

PLEASE COMPLETE THIS FORM IN CAPITALS - ONE FORM PER PARTICIPANT ONLY

Family name First Name Title (Prof, Dr, Mrs, Mr, etc)
Job Position
Institution (for name badge)
Department
Address
Postcode/Zipcode City Country
Telephone +.... /.... /..... Fax +.... /.... /.....
Mobile E-mail
Dietary or other requirements

CONFERENCE REGISTRATION

Please ✓ the appropriate box

<input type="checkbox"/> I register for the conference at full rate <input type="checkbox"/> Registration received and paid after 23 November 2009 (115 €) <input type="checkbox"/> I register for the conference at student rate (student card required) <input type="checkbox"/> Registration received and paid after 23 November 2009 (85 €)
I will take part in welcome reception on December 14 2009 <input type="checkbox"/> Yes <input type="checkbox"/> No	Included in registration fee
TOTAL REMITTANCE

Means of payment :

- ☐ bank transfer to FORTIS BANK , place Xavier Neujean 8, B-4000 Liege
BIC GEBABEBB – IBAN CODE BE 70 2400 4356 4825 (account : 240-0435648-25)
Payee : AIM – Payment **without any charge for us** and with the mention of **the participant's name** to avoid any confusion
- ☐ credit card type ☐ VISA ☐ EUROCARD/MASTERCARD (All others excluded)

N° :

Expiry date :/20..... Cardholder's Name :

Date :

Signature

Your application will not be processed without payment. Once payment is received your application will be processed and a confirmation will be sent to you. To receive the early bird discount, payment must be received on or before 23 November 2009.