

## 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 : [info@aim.skynet.be](mailto:info@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 <b>full rate</b> <input type="checkbox"/> Registration received and paid before 28 April 2008 (260 €) <input type="checkbox"/> Registration received and paid after 28 April 2008 (300 €)	
<input type="checkbox"/> I register for the conference at <b>academic rate</b> (certificate required) <input type="checkbox"/> Registration received and paid before 28 April 2008 (200 €) <input type="checkbox"/> Registration received and paid after 28 April 2008 (230 €)	.....
<input type="checkbox"/> I register for the conference at <b>student rate</b> (student card required) <input type="checkbox"/> Registration received and paid before 28 April 2008 (140 €) <input type="checkbox"/> Registration received and paid after 28 April 2008 (170 €)	
<input type="checkbox"/> I will take part in the Conference dinner on May 19 and subscribe for ..... ticket(s) x 40 €	.....
<b>TOTAL REMITTANCE</b>	.....

#### 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 : .....

**ACCOMMODATION**

**Please fill each line**

- I need a hotel accommodation as follows
  - Arrival date ..... May 2008
  - Departure date ..... May 2008
  - Number of nights .....

**Please ✓ the appropriate box**

<input type="checkbox"/>	Single room (one night : 79.5 €)
<input type="checkbox"/>	Double room (one night : 116.6 € for 2 people)*
<input type="checkbox"/>	Studio for 3 people (one night : 174.9 € for 3 people) *
	* I will share the room with .....

Reservation must be guaranteed by a credit card.

Please complete if different from above:

- credit card type     VISA     EUROCARD/MASTERCARD (All others excluded)

N° :

Expiry date : ..... 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 28 April 2008**