

Registration Form

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First or Given Name	M.I.	Last or Family Name	Title	Profession
<input type="text"/>				
Institute / Company				
<input type="text"/>				
Address				
<input type="text"/>	<input type="text"/>	<input type="text"/>		
City	State	ZIP / Postal Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Phone	Fax	E-Mail		

Fees increase 50,00 € after 12.09.2010 - payment for registrations after 26.09.2010 on-site at the conference venue!

Conference Registration**Attendee**

- | | | |
|--|--------------------------|----------|
| Full meeting with one copy of proceedings + CD-ROM | <input type="checkbox"/> | 190,00 € |
| Single day registration with one CD | <input type="checkbox"/> | 140,00 € |

First Author / Committee

- | | | |
|--|--------------------------|----------|
| Full meeting with one copy of proceedings + CD-ROM | <input type="checkbox"/> | 140,00 € |
| 1 additional copy of proceedings | <input type="checkbox"/> | 50,00 € |
| 1 additional CD-ROM | <input type="checkbox"/> | 30,00 € |

- | | | |
|---|--------------------------|----------|
| Full time student (no proceedings or CD-ROM) | <input type="checkbox"/> | 100,00 € |
|---|--------------------------|----------|

Exhibitor

- | | | |
|---|--------------------------|----------|
| Full Meeting with advertisement on the website incl. proceedings+CD | <input type="checkbox"/> | 410,00 € |
| 1 additional poster holder | <input type="checkbox"/> | 25,00 € |
| Exhibit advertisement in the Conference Proceedings p. page | <input type="checkbox"/> | 100,00 € |

Registration Total €

**Please
PRINT and
SEND**
the filled form
to MFPA
Weimar
Dr. Kupfer

via Fax:
+ 49-3643-
564201/204

Formal Conference Meeting (Leuchtenburg; Wednesday, October 6th)

Ticket per person 50,00 €	number of persons	<input type="text"/>	<input type="text"/>	€
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Total €

Payment Method (All attendees are asked to pay the costs for cheque or bank transfer - please use EU-standard)

☐ I enclose a cheque for € made payable to MFPA Weimar

☐ Please debit my credit card: ☐ VISA ☐ MasterCard ☐ American Express

Amount: € Card expiry date (Month / Year):

Card number: Card verification number:

Cardholder's signature: Date:

☐ Bank transfer to Dresdner Bank Weimar/Commerzbank AG:

Account no.: 0933315000; **Bank identification number (bank):** 820 80000

IBAN: DE85 8208 0000 0933 315000; **SWIFT/BIC Code :** DRES DE FF 827

Reason for payment: YOUR-NAME AQUAMETRY 2010; **Ident. Number:** 240706