WasteEng 08

2nd International Conference on Engineering for Waste Valorisation
June 3-5, 200, Patras, Greece

FAX TO: +30 2610 991 945

ADDITIONAL REGISTRATION FORM

Deadline: **May 27, 2008**

Title: ☐ **Prof** ☐ **Dr** ☐ **Mr** ☐ **Ms** **First Name:** **Last/Family Name:** **Middle Initial:**

Company/Institution: **Department:**

Address:

Province/State: **Country:** **Zip/Postal Code:**

Email: **Paper ref. Number(s):** a) ___ ___ ___ b) ___ ___ ___ c) ___ ___ ___ d) ___ ___ ___

Tel: + ( ) **Fax: +** ( )
Country code Area Code Number Country code Area Code Number

A. OPTIONAL ADDITIONAL ITEMS

Tickets / Items	Included in Registration Fees	Price (€)	Number of Tickets / Items	Cost (€)
Proceedings CD ROM	**YES**	25		
Book of Abstracts	**YES**	50		
Welcome Reception Ticket (Monday, June 2nd)	**YES**	35		
Lunch Ticket	**YES**	20		
Banquet Ticket (Wednesday, June 4th)	**YES**	70		
Fun night (visit to Rio-Antirio Bridge,-light lunch at Nafpaktos) (Tuesday, June 3rd)	**NO**	35		
			TOTAL (A) : €	

TOTAL TO BE PAID

A. Total for Additional Items (€)	GRAND TOTAL (A)
	€

CANCELLATION POLICIES *(Please tick and sign)*

☐ **I have read and accepted the cancellation terms mentioned on this form and on the WesteEng08 web site.**
Signature:……

Cancellation Policy
A full refund (less €100 administration fee) will be issued if written notification is received by MeetingPlanner.gr on or before May 6th, 2008. No refunds will be issued after that date.

METHOD OF PAYMENT (Tick ONE)

☐ **By Bank Transfer** (A €20 surcharge must be added on the fee. Amount must be net of bank charges)
A notification email with the bank details will be sent to the email address given in this form.

***NB:* Make sure you add €20 at your payment. Do not forget to fax a copy of the bank transfer transaction to +30 2610 991945.**

☐ **By Credit Card.** Please circle one: MasterCard / VISA
*I authorize you to charge my credit card with the **Grand Total** amount of Euro _____ for my registration and optional additional items.*

Card Number: | | | | | | | | | | | | | | | | Expiration Date:_____

Cardholder's Name *(If the registrant is not the cardholder, please also fax a copy of both sides of the credit card)*: _____

ID validation number *(The last 3 digits of the number that can be found on the back side of your credit card)* : ___ ___ ___

Cardholder's Signature: Date:

WasteEng08 Registration Desk
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