



## REGISTRATION FORM

Please rename this file to **Familyname\_regBDS2018.pdf** and send it by email at [bds2018@ulb.ac.be](mailto:bds2018@ulb.ac.be) before July 31<sup>th</sup>, 2018

### PARTICIPANT *(please use capital letters)*

FAMILY NAME

FIRST NAME

POSITION

AFFILIATION

ADDRESS

ZIP CODE

CITY

COUNTRY

E-MAIL

### REGISTRATION FEES *(please check one category)*

#### Full Delegate

*(includes access to the conference sessions, conference proceedings, lunches, coffee breaks, conference dinner and social events)*

- payment until May 15<sup>th</sup>, 2018: € 470.00  
 payment after May 15<sup>th</sup>, 2018: € 550.00

#### Student (PhD defense in 2019 or later)

*(includes access to the conference sessions, conference proceedings, lunches, coffee breaks, conference dinner and social events)*

- payment until May 15<sup>th</sup>, 2018: € 270.00  
 payment after May 15<sup>th</sup>, 2018: € 350.00

#### Accompanying person

*(includes conference dinner and social events)*

- payment until May 15<sup>th</sup>, 2018: € 110.00  
 payment after May 15<sup>th</sup>, 2018: € 150.00

### PAYMENT

- I enclose a copy of the bank transfer to the following account:

Bank Account Number (IBAN): BE04 3751 0081 7031

BIC/SWIFT: BBRU BE BB

Bank Name: ING Belgium

Bank Account Holder Name (Beneficiary Name): UNIVERSITE LIBRE DE BRUXELLES

Beneficiary Address: Avenue F.D. Roosevelt 50, 1050, Brussels

Beneficiary VAT Identification Number: BE0407626464

Communication "Family name, BDS2018/4R00F000440"

- (ONLY for students)** I enclose a declaration of eligibility signed by my supervisor to benefit of the reduced fee

signature

date