

REGISTRATION FORM

PERSONAL DATA (conference participant)

Last name: First name:

Title / Position:

Affiliation:

Address:

Phone: Fax: Email:

 I intend to: participate in the conference deliver a paper

Paper IDs:

CONFERENCE FEE

Regular fee	1350 PLN	340 EUR	
Reduced fee	1100 PLN	280 EUR	
Accompanying person	300 PLN	75 EUR	
Total due:			

Bank account of the DPS 2013 conference:
Account owner: Lubuskie Towarzystwo Naukowe, ul. prof. Szafrana 2, 65-246 Zielona Góra

Bank: Bank Zachodni WBK SA 1 Oddz. w Zielonej Górze

NIP: 973-055-27-22

Account no.: 56 1090 1535 0000 0000 5301 9124

SWIFT code: WBKPPLPP

Reference: DPS 2013, Participant's first and last names

INVOICE REQUEST

If you wish to receive an invoice for your payment, please fill in the form below.

Invoice details

Organization or Company:

.....

Address:

.....

VAT number:

Date:

Signature: