

PAVI09: REGISTRATION FORM

PERSONAL DATA:

Title: _____
Surname: _____ First Name: _____
Institute: _____
Mail Address: _____
City: _____ State: _____ Postal Code: _____
Country: _____
E-mail: _____
Telephone: _____

CONFERENCE FEES:

1. On-Site Fees:
 - a. On-Site Registration: 850\$
 - b. Accompanying Person: 275\$

2. Off-Site Fees:
 - a. Off-Site Registration: 495\$
 - b. Accompanying Person/Meals-Boat-Dinner: 275\$
 - c. Accompanying Person/Boat-Dinner: 75\$

3. Graduate Student Registration: -50\$

4. Early Registration (Before May-15): -50\$

See page below

For security reasons, we recommend you fill in the following form and send it via FAX, together with a photocopy of the credit card to MIT-Bates, fax number: 1-617-253-9599. If you have any questions please e-mail rsmick@mit.edu or call 1-617-253-9285.

TOTAL CONFERENCE FEES

From: _____

To: MIT-Bates

4'th Parity Violation 2009 (PAVI09) International Workshop
Bar Harbor, ME June 22-26, 2009

LETTER OF AUTHORIZATION For CREDIT CARD PAYMENT

I, _____ hereby authorize MIT-Bates to charge the following credit card:

VISA: MASTERCARD: DISCOVER:

AMERICAN EXPRESS

Credit Card Holder: _____

Billing Address: _____

City: _____ Postal Code: _____ Country: _____

Credit Card Number:

Security Code:

Expiration Date: (mm/dd/yy): _____

With the amount of: _____ \$US for my participation in the 4'th Parity Violation 2009 (PAVI09) International Workshop.

Please include a photocopy of both sides of your credit card.

Cardholder's Signature: _____

Date: _____

