LIAISON-ISHTAR Workshop on LBS Trends and R&D
REGISTRATION FORM

Please complete this form in capital letters and send it by fax to:
LIAISON-ISHTAR Workshop Secretariat, fax: +30 210 7275601

➢ **CONFERENCE DELEGATE**

Please complete one form per delegate. Information on this form will be used to prepare your badge.

First Name	Family Name	Title (Mr/Mrs/Dr/Prof)	Gender (M/F)
Organisation			
Address			
City and Postal Code		Country	
Email		Telephone	Fax

Additional Personal information

Particular dietary requirements	
Special needs (e.g. wheelchair access)	

➢ **PAYMENT-REGISTRATION FEE**

Presenter/Attendee Registration	100 €	Must be made by 15/9/2006
Extra Proceedings	15 €	

Registration cancellations after September 20, 2006 are not refundable.
Substitutions may be made at any time.

➢ **METHOD OF PAYMENT**

I authorize you to debit my VISA/ MasterCard credit card:

Card Number

CVC Code

Expiry Date

Name of Card Holder

Amount

€

Signature

Date