

# Registration Form - ECAP 4

## Lund 14-18 June, 2002

Surname: \_\_\_\_\_ First name: \_\_\_\_\_ Prof.:  Dr.:  Mr.:  Ms.:

University/Company: \_\_\_\_\_

Postal address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ VAT No.: \_\_\_\_\_

*Please fill in the appropriate amounts in Swedish crowns (SEK):*

|   |  |
|---|--|
| Standard registration fee: SEK 900,- (approx. € 100,-)                                  |  |
| Reduced registration fee for undergraduate or Ph.D. student: SEK 450,- (approx. € 50,-) |  |
| Dinner: SEK 225,- (approx. € 25,-)*   |  |
| Dinner for accompanying person(s): SEK 225,- (approx. € 25,- per person)*               |  |
| Additional fee for registration later than 1 April, 2002: SEK 450,- (approx. € 50,-)    |  |
|   |  |
| Total amount to be paid in SEK:   |  |

\* Please note that reservations for dinner cannot be guaranteed for registrations received after 1 April, 2002.

Name(s) of accompanying person(s) for dinner: \_\_\_\_\_

Dietary requests for dinner (e.g. vegetarian): \_\_\_\_\_  
(Please specify to whom this applies.)

### Methods of payment:

Please mark the method of payment you are using. (All payments should be made to SKD Konferensservice. Please note that the registration is not complete until the payment has been received.)

- Postal Giro (only for Swedish participants) No: 73 79 44-9  
Recipient: ECAP 4 c/o SKD Konferensservice
- Payment by invoicing. Invoice fee will be charged.
- Credit Card payment:  VISA  EUROCARD/MASTERCARD

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I confirm with my signature above that I am entitled to use this credit card number, and that SKD Konferensservice is entitled to charge my account with the total amount above.*

- Bank to bank transfer in SEK, made payable to  
ECAP 4, c/o SKD Konferensservice AB  
Nordbanken  
P.O. Box 1117  
SE-171 22 Solna, Sweden  
Bank Swift Address: NBBKSESS, Bank account number: 3256 2091612

Please complete and mail or fax this form to:

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Kungshuset, SE-222 22 Lund, Sweden  
Fax: +46-46-222 44 24