

E-MRS FALL MEETING 2002
September 15-19, 2002 Krakow, Poland
REGISTRATION FORM for Symposia A-F only

All participants, including Authors, Presenting Authors, Invited Speakers, Chairpersons, Scientific Committee members must complete and return a Registration Form to:

E-MRS FALL 2002 REGISTRATION
P.K. Bldg 10/24
ul. Warszawska 24
31-155 Krakow
Poland
Fax: + 48 12 628 25 42

TO BE RETURNED by June 30, 2002

After this date we cannot guarantee that your name will be included in the list of participants.

Note: If the conference fee is to be charged to a Credit Card see below.

First Name: Last Name:
Institution:
Department:
Street/P.O.Box: City:
Province/State/Zip: Country:
Telephone: Fax:
e-mail:

REGISTRATION FEES : Please indicate major symposium interest: Symposium:

Full Registration Fee: 330 Euro Student Registration Fee: 200 Euro

Note: Students must include a copy of evidence of University Registration when submitting the Registration Form

Payment, preferably a bank transfer, should be sent to the following account details:

Bank: Bank Przemyslowo Handlowy, Address: ul Pijarska 1, 31-015 Krakow, Poland
Account: PBK SA IV/O Krakow, No: 10601389-380000059876

To minimize bank charges include: **SWIFT Code: BPH KPLPK**

Please insert letter A-F immediately following the Account Number to indicate your major Symposium interest. FAX or send the copy of this form to EMRS Fall Meeting Symposium if paying via bank transfer so we have your contact information.

I enclose a copy of a bank transfer

I enclose a check made out to E-MRS Fall Meeting 2002

If you wish to charge the Registration Fee to a Credit Card the transaction will be handled by the E-MRS main office, and the Registration Form should be send to:

E-MRS, BP20, 67037 Strasbourg Cedex 2, France,

Please debit my Credit card: Visa MasterCard

Card No: Expiration Date (MM/YY):.....

Cardholder's Signature:.....