**ICRPS SUMMER INSTITUTE 2017 REGISTRATION FORM**

**Barcelona, Spain: June 25- July 8, 2017**

**FACULTY REGISTRATION FORM**

1. **Personal Information and Contact Details**

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **University/Department** |  |
| **Male/Female** |  |
| **Nationality** |  |
| **Country of Residence** |  |
| **Street Address** |  |
| **City/Town** |  |
| **Postal Code** |  |
| **Country** |  |
| **Telephone Number** |  |
| **Email** |  |

**2) Registration fee: 75€ (euros) per person per night of your staying.**

***It includes field trips, all meals and support materials.***

**\*Accommodations will be booked and pay directly to the hotel. In the Campus section (**[**http://2017.icrps.org/campus/**](http://2017.icrps.org/campus/)**) is the link (**[**ICRPS2017-ACCOMMODATION FORM HOTELS CAMPUS**](http://2017.icrps.org/wp-content/uploads/sites/3/2017/03/ICRPS2017-ACCOMMODATION-FORM-HOTELS-CAMPUS.pdf)**) for the Campus hotel registration form if you decided to stay in the UAB campus.**

*Please attach information regarding dates, spouses and any other important information*

*e. We will use this information to identify any extra costs this may require.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Date in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date out \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total to be payed: 75€ X \_\_\_\_\_ nights of staying = €\_\_\_\_\_\_\_\_ \_\_\_\_\_**

**Entire institute: 900€**

**For spouses: the fees to participate in field trips and meals are 40€ per day (pay cash at your arrival)**

**3) Billing address (This is the address that will appear on the invoice. Please, fill in if the billing address should be different from the data provided at point 1.)**

Univ./Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_

Tax Identification Number or NIF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person and telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4) Method of payment**

Bank transfer headed to:

* **Bank name:** Caixabank
* **Bank address:**

Universitat Autònoma de Barcelona

Edifici Rectorat (Bellaterra), S/N

08290 Cerdanyola del Vallès (Spain)

* **Account name:** Fundació Empresa i Ciencia
* **IBAN number**: ES02 2100 0424 3902 0014 5951
* **SWIFT code**: CAIXESBBXXX

PLEASE SPECIFY IN THE PAYMENT: **ICRPS 2017 and your NAME**

**Please, attach a copy of the bank transfer to this registration form and send both of them by e-mail to:**

E-mail: lourdes.viladomiu@uab.es with CC to merce.moreno@uab.es