## **ICRPS SUMMER INSTITUTE 2017 REGISTRATION FORM** Barcelona, Spain: June 25- July 8, 2017

## **FACULTY REGISTRATION FORM**

1) Persons	al Information and Co	ntact Details	
Last N			
	ersity/Department		
Male	/Female		
Natio	nality		
Coun	try of Residence		
Stree	t Address		
City/	Гown		
Posta	l Code		
Coun	try		
Telep	hone Number		
Email			
*Accomm section (ht ACCOMM form if you	field trips, all meals a lodations will be book tp://2017.icrps.org/o ODATION FORM HO I decided to stay in th	nd support mo ked and pay di campus/) is tl TELS CAMPU e UAB campus	lirectly to the hotel. In the Campus the link ( <u>ICRPS2017-</u> PUS) for the Campus hotel registrations.
	,	•	es and any other important information ra costs this may require.
Date in Total to be Entire inst	Date payed: 75€ X nig itute: 900€	out ghts of staying	 g = €

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:

Univ./Company:	<del></del>		
Department:	<del></del>		
Address:			
City State:	Zip:	Country:	
Tax Identification Number or NIF	· ·		
E-mail:			
Contact person and telephone nu	mber:		

## 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