**ICRPS SUMMER INSTITUTE 2017 REGISTRATION FORM**

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

**STUDENT 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: 1500€ (euros) per person**

***It includes full board accommodation in double room at the Vila Universitaria*** (***UAB student residence in Bellaterra), all meals, field trips and support materials.***

**Rooms include two twin beds and a washroom.**

**Below is the link for the student residence:** [*https://vilauniversitaria.uab.cat/en/*](https://vilauniversitaria.uab.cat/en/)

**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**: BBVA
* **Bank address**:

Plaça Civica, Campus UAB,

08193 Cerdanyola del Valles, Barcelona (Spain)

* **Account name**: UNIVERSITAT AUTONOMA DE BARCELONA
* **IBAN number:** ES2801826035450201614998
* **Swift code:**  **BBVAESMMXXX**

All Bank Transaction costs are in charge of applicants

PLEASE SPECIFY IN THE PAYMENT: **ICRPS2017 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 d.econ.aplicada@uab.cat