VECPAR'2000 *Registration Form*

1. Identification

Surname:		**Institution:**	
First Name:		**Address:**	
Title:		**Post Code:**	
Telephone:		**City:**	
Fax:		**Country:**	

E-Mail:		**Ref. Nº Paper/Poster**	

2. Conference and Tutorials (in Euros)

	Early Registration (bef. April 28)			**Late Registration (aft. April 28)**		
		Non Students			**Non Students**	
	Student	**Author**	**Non Author**	**Student**	**Author**	**Non Author**
Conference	150	375	400	200	450	475
Tutorial 1 (Full day)	120	200	200	160	240	240
Tutorial 2 (Half day)	60	100	100	80	120	120
Tutorial 3 (Half day)	60	100	100	80	120	120
Totals						

Total for Conference and Tutorials (A) ***Euros***

3. Accommodation

Douro	Tuela	Semin. Vilar
Resid. Rex	Inca	Vila Galé

Arrival Date		**Number of Nights**	
Depart. Date			

	Nº of Rooms	**Nº of Nights**	**Hotel Rate**		**Totals**
Single Room			Euros	=	
Double Room			Euros	=	

Total for Accommodations (B) ***Euros***

4. Tours

	Price	**Nbr of Persons**		**Totals**
Minho Tour	57 Euros		=	
Douro Tour	58 Euros		=	

Total for Tours (C) ***Euros***

5. Payment

Total Amount to Pay (A+B+C) ***Euros***

Payment can be done by Bank Draft, in Euros, issued to Viagens Abreu S.A. or by Credit Card. For payment by Credit Card, please fill in:

*I authorise to charge the total amount of Euros*________________________________*to my:*

VISA ☐ AMERICAN EXPRESS ☐ MASTERCARD/EUROCARD ☐

Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

*Expiry Date*__________ *Signature (of Card Holder)*______________________________