

VECPAR'2002 Registration Form

1. Identification

Surname:		Institution:	
First Name:		Address:	
Title:		Post Code:	
Telephone:		City:	
Fax:		Country:	
E-Mail:			

Title of Paper (only for authors)	
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2. Conference and Tutorials (in Euros)

	Early Registration (bef. 3 May)			Late Registration (aft. 3 May)		
	Student	Non Students		Student	Non Students	
		Author	Non Author		Author	Non Author
Conference	150	375	400	200	450	475
Tutorial 1 (Full Day)	100	160	160	130	200	200
Tutorial 2 (Half Day)	60	100	100	80	120	120
Tutorial 3 (Full Day)	100	160	160	130	200	200
Totals						

Total for Conference and Tutorials (A) Euros

3. Accommodations (in Euros)

	Beta	Inca	Portus Cale	Arrival Date		Number	
Douro	Tuela	Sem. Vilar	Resd. Rex	Depart. Date		of Nights	

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

Total for Accommodations (B) Euros

4. Tours (in Euros)

	Price	Nbr of Persons	Totals
Minho Tour	64		=
Douro Tour	85		=

Total for Tours (C) Euros

5. Payment

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

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

I authorise to charge the total amount of Euros _____ to my:			
VISA <input type="checkbox"/>	AMERICAN EXPRESS <input type="checkbox"/>	MASTERCARD/EUROCARD <input type="checkbox"/>	
Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Last three numbers of the backside of the credit card (CVV) <input type="text"/> <input type="text"/> <input type="text"/>			
Expire Date _____		Signature (of Card Holder) _____	

Please send this Reservation Form to:
Viagens Abreu S.A.
 Att. Congress Dept.
 Av. dos Aliados 207
 4000-067 Porto - PORTUGAL

Phone: 00.351.22.204 3570
 Fax : 00.351.22.204 3693
 E-mail: congress.porto@abreu.pt

