**PLEASE PRINT CLEARLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME****( as to be shown on Conference Badge )** | **Title** | **First Name**  | **Surname**  |
| **INSTITUTION:** |  |
| **ADDRESS:** |  |
| **POST CODE:** |  |  |
| **TELEPHONE:** |  |  |
| **EMAIL:** |  |

This information will be used to complete the receipt for EEUG 2019 payment (registration fees).

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| **DIETARY REQUIREMENTS FOR CONFERENCE DINNER**None Vegetarian Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **REGISTRATION / CONFERENCE FEE AND ACCOMMODATION*** Registration for the Conference includes all coffee breaks, lunches, Welcome Reception (22nd), Conference Dinner (23rd).
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| **CONFERENCE FEES** |
| **EARLY REGISTRATION – if payment is received ON & BEFORE July 31st**  | **Amount (EUR)** |
|  | REGISTRATION FEE FOR EEUG MEMBERS |  |
|  | REGISTRATION FEE FOR NON-MEMBERS EEUG |  |
|  | REGISTRATION FEE ACCOMPANYING PERSON |  |
| **LATE REGISTRATION – if payment is received AFTER July 31st** |
|  | REGISTRATION FEE FOR EEUG MEMBERS |  |
|  | REGISTRATION FEE FOR NON-MEMBERS EEUG |  |
|  | REGISTRATION FEE ACCOMPANYING PERSON |  |
| **TOTAL PAYABLE** |  |

**PLEASE INDICATE PAYMENT METHOD**

**CREDIT CARD Complete FORM 1** – Credit Card Payment and return by email to: lcmn@et.utcluj.ro

 The form can be downloaded from EEUG 2019 website on the Registration page.

**BANK TRANSFER Complete FORM 2** – All charges to be paid by Sender. The copy of the Bank Transfer receipt should be sent by email to EEUG 2019 Secretary. The form can be downloaded from EEUG 2019 website on the Registration page: <http://lcmn.utcluj.ro/eeug2019> .

**PAYPAL** payment available on conference website.

**TO QUALIFY FOR THE LOWER REGISTRATION FEE, ENSURE PAYMENT IS RECEIVED BY 31st July 2019**

**Cancellation Policy:**

* All cancellations of Conference Registration, which must include your full bank account details, should be sent in writing to the EEUG 2019 Secretary.
* A 20% service charge of the registration fee will be retained for cancellations received before July 31st.
* For cancellation in the period July 31st till August 23rd 2019 a service charge of 80% will be retained.
* No refunds will be possible after August 23rd 2019.
* All refunds will be processed and paid by bank transfer after the Conference

 **I have read and accepted the Cancellation Policy.**

**TITLE(s) OF PAPER(s) PRESENTED BY YOU (maximum of 2)**

1. **......................................................................................................................................................**
2. **......................................................................................................................................................**

**PLEASE PROVIDE THE FOLLOWING INFORMATION**:

I shall be accompanied by (complete only if you choose to pay for ACCOMPANYING PERSON(S) ): …………………………………………………..……………………………………………………………………………………………………………………………

Arrival date /time estimated to be:………………………………..……………………………………………………………………………………….