***CONFERENCE REGISTRATION FORM***

|  |  |
| --- | --- |
| Title | Prof/Dr/Capt/Mr/Mrs/Ms\* |
| Name |  |
| Organisation |  |
| Address |  |
| City/Zip Code |  |
| Country |  |
| Telephone |  |
| Email address |  |
| Accompanying person’s name |  |
|  |  |
|  |  |
| Visa invitation letter | Yes/ No\* |
|  |  |
| Submitted paper draft | Yes/No\* |
| Title paper draft |  |
|  |  |
| Conference fee: € Euro / $ CAD | Before 1 /5/18\* After 1/5/18\* |
| Participant | € 500 / $ 750 € 600 / $ 900 |
| IMSF Member | € 400 / $ 600 € 450 / $ 700 |
| Paper presenter | € 400 / $ 600 € 450 / $ 700 |
| Accompanying person | € 200 / $ 300 € 250 / $ 400 |
|  |  |
|  |  |
| \* please tick off appropriate |  |

Submit this registration form to email address: [marsim2018@imsf.org](mailto:marsim2018@imsf.org)

A separate Word version of the form has been sent to you to facilitate filling in.

Please make appropriate conference fee payment, according to details in previous section.