

Please fill in a separate form for each participant, type or write in capitals.

PARTICIPANT (personal details)

 Title: Prof Dr Mr Mrs Ms

Name: _____

Surname: _____

Affiliation: _____

Address: _____

City: _____ State: _____

ZIP/Postal code: _____ Country: _____

Telephone: _____

Fax: _____

E-mail: _____

ACCOMPANYING PERSONS (name and surname)

1) _____

2) _____

3) _____

REGISTRATION FEE

(does not include accommodation)

 participant - 240 EUR

 participant younger than 35 years (reduced fee) - 200 EUR

 accompanying person - 140 EUR

number of accompanying persons: _____

TOTAL FEES (participant + accompanying persons)

 EUR

The registration fee covers:

- participants:
book of abstracts, proceedings on CD-ROM, participation in all scientific sessions, lunches, coffee breaks, welcome reception and banquet
- participants (reduced fee):
as above excluding the book of abstracts
- accompanying persons:
lunches, welcome reception and banquet

INVOICE DETAILS

Organisation/Institution: _____

Address: _____

City: _____ State: _____

ZIP/Postal code: _____ Country: _____

ACCOMMODATION

(paid in a hotel)

Check if you want to make a reservation:

Hotel	Room type	Price per person
"Feniks"	<input type="checkbox"/> suite	390 PLN
	<input type="checkbox"/> single	200 PLN
	<input type="checkbox"/> double	145 PLN
"Olimpijczyk"	<input type="checkbox"/> suite	360 PLN
	<input type="checkbox"/> single	180 PLN
	<input type="checkbox"/> double	135 PLN
"Junior" – sport student dormitory (double room flats with one shared bathroom)		
	<input type="checkbox"/> single	115 PLN
	<input type="checkbox"/> double	95 PLN
	<input type="checkbox"/> room for three persons	75 PLN

 car park reservation

- Write a name of a person you want to stay with (if you choose a double room)

Name: _____

- If you plan to travel by plane through Warsaw (Fryderyk Chopin's International Airport), please write your arrival and departure time:

Arrival date and time: _____

Departure date and time: _____

PAYMENT OPTIONS
 cheque / international bank draft:

Payable to: Polish Association of Computational Mechanics (with the note: "CMM-2007")

Current account:

IBAN: PL 18 1060 0076 0000 3200 0058 9074

SWIFT: BPHKPLPK

credit card:
 Euro/MasterCard

 Visa

 Dinners Club

 American Express

 JCB

Card holder's name: _____

Credit card number: _____

Expiry date: Month _____ Year _____

PLEASE DEBIT MY CREDIT CARD:

Signature: _____

Date: _____ Signature _____

 Please, sign and send completed registration form by **fax** or **regular mail** to:

CMM-2007; Faculty of Civil, Architecture and Environmental Engineering; Technical University of Łódź
Al. Politechniki 6; 90-924 Łódź, POLAND
Fax: + 48 42 631 35 51