

HPCN Europe 2001

June 25 - 27, 2001

Return address: Universiteit van Amsterdam
Conference Office
P.O. Box 19268
1000 GG Amsterdam
The Netherlands
FAX: +31 - 20 - 525 4799

REGISTRATION FORM

Please return as soon as possible, BY REGULAR MAIL OR BY FAX (as a hard copy) and NOT by e-mail (which will not be accepted), preferably before May 29, 2001. Please tick the appropriate boxes.

Mr. Ms. Mrs.

Family name: _____

First name: _____

Title: _____

Institution: _____

Function: _____

Address: _____

Presenting author: yes / no

Code / City: _____

Country: _____

Telephone: _____

Fax: _____

E-mail: _____

I wish to attend the conference* and register

Conference – **all days***:

before May 29, 2001 (early fee) DFL 850 / € 385,71

after May 28, 2001 (late fee) DFL 975 / € 442,44

Conference – **per day***:

before May 29, 2001 (early fee) DFL 350 / € 158,82

after May 28, 2001 (late fee) DFL 400 / € 181,51

Which day(s):

Monday June 25, 2001

Tuesday June 26, 2001

Wednesday June 27, 2001

* The conference fee covers the costs of the meeting **excluding hotel costs** but including: access to the conference facilities, all conference sessions, the final programme, documentation, list of participants, the official welcome reception, lunches, all tea/coffee breaks and conference dinner.

I will pay the amount

by remitting the amount to the Postbank Amsterdam, swiftcode: ING BNL 2A, account number 63 91 427, in favour of "UvA BC Congressbureau"***

by sending **Eurocheques** to the Conference Office* (max. amount per cheque: DFL 300 / € 136; each cheque complete with signature and bank card number)

by credit card: Master/Euro card** card number: _____/_____/_____/_____/_____

American Express

Visa

expiry date: ____/____/____

exact name on card: _____

* Please state "HPCN 2001" and the **full name of the participant** on the bank transfer or cheque! Payments should be made in Dutch guilders or Euro and **without charges to the beneficiary**.

** **Master/Euro card holders**: please note that due to a new agreement you need to fill out your CVC code as well. This is the 3-figure code at the back side of your credit card following on your credit card number.

By sending in this registration form, I acknowledge that I commit myself to the immediate payment of the conference fee. I have taken notice of the cancellation terms on this form.

Date: _____

Signature: _____

CANCELLATIONS AND REFUNDS

The Conference Office should be notified of cancellations in writing. If cancellations are received by the Conference Office before May 29, 2001, the total conference fee less DFL 45,- administration charges will be refunded. After May 28, 2001, no refunds will be made. Please note that refunds will only be made after the conference.

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