

# **Conference Application Form**

Please, fill this Application Form (2 pages) and return it to the e-mail address icadesign2017@gmail.com, until August 15 2017.

Your bank money transfer document must accompany this Application Form.

# PARTICIPANT DATA

| Name:                |
|----------------------|
| Title:               |
| E-mail address:      |
| Phone:               |
| Company/Institution: |
| Fax: Address:        |
| Postal/ZIP Code:     |
| City: Country:       |
|                      |

# **REGISTRATION FEES**

| Item                   | Value   | Amount to bill |
|------------------------|---------|----------------|
| Tutorials only         | 200€    |                |
| Conference only        | 500 €   |                |
| Conference + Tutorials | 600 €   |                |
| Surcharge (*)          | 250€    |                |
|                        | TOTAL = |                |

(\*) For later registration (between August 16 and September 13 2017)

# **PAYMENT CONDITIONS**

• Payment instructions, as well as information about invoicing can be found in the next page of this form.

• Payment of fees (without surcharge) must be done until August 15 2017.

• Payments by bank cheque or credit card are not accepted.

• Cancellation until September 10 2014 will have a 50% refund. Notice of cancellation must be sent in writing to icadesign2017@gmail.com.

### **PAYMENT INSTRUCTIONS**

Please send us a copy of the bank money transfer document together with this Application Form to the email address icadesign2017@gmail.com.

Transfers should be made to:

Bank transfer for Euro
Bank Name: BRD – Groupe Societe Generale – BRD Campus Tudor, Iasi
Bank Address: Bulevardul Mangeron, nr. 71, Iasi tronson P-7, imobil CH, parter (ROMANIA)
IBAN:-RO46BRDE240SV00348242400
SWIFT code: BRDEROBU
Account holder: ASOCIATIA STUDENTILOR SI ABSOLVENTILOR T.C.M. DIN IASI (ASTCM)
Address:-bdul. Tudor Vladimirescu, campus Tudor Vladimirescu, Bloc Camin T17, et. 5, ap. 531, jud. Iasi, 700023, ROMANIA
Fiscal code: 31240577
Please, state the name of the participant.

### INVOICING

Invoices will be handed to participants during the conference. For correct invoicing, please fill the data below:

Invoice to: VAT number: Address:

| Name and Surname *** | 13 <sup>th</sup>           | 13 <sup>th</sup> | 14 <sup>th</sup>          | 14 <sup>th</sup>         | 15 <sup>th</sup>    | 16 <sup>th</sup>          |
|----------------------|----------------------------|------------------|---------------------------|--------------------------|---------------------|---------------------------|
|                      | September                  | September,       | September,                | September,               | September,          | September,                |
|                      | <b>16.</b> <sup>00</sup> – | 14.00 -          | 14. <sup>00</sup> – Visit | 20. <sup>00</sup> – Gala | 13. <sup>00</sup> – | 09. <sup>00</sup> – Visit |
|                      | Iasi's                     | Welcome          | of Old                    | Dinner                   | Farwell             | of Iasi's                 |
|                      | Historical                 | Dinner           | Library                   |                          | Dinner              | surroundings              |
|                      | Sites Tour                 |                  |                           |                          |                     |                           |
| 1.                   | Yes /                      | Yes /            | Yes /                     | Yes /                    | Yes /               | Yes /                     |
|                      | No                         | No               | No                        | No                       | No                  | No                        |
| 2.                   | Yes /                      | Yes /            | Yes /                     | Yes /                    | Yes /               | Yes /                     |
|                      | No                         | No               | No                        | No                       | No                  | No                        |
| 3.                   | Yes /                      | Yes /            | Yes /                     | Yes /                    | Yes /               | Yes /                     |
|                      | No                         | No               | No                        | No                       | No                  | No                        |

# **ATTENDING TO ACTIVITIES**

\*\*\* Please write down each participant's data and indicate as the case requires it for each situation