

Personal Information (please write in **CAPITAL LETTERS**)

Mrs Mr

First name:

Last name:

Institution:

Job title:

Email:

Address:

City: ZIP Code: Country:

Dietary requirements :

Registration fees

- Public (CHF 120.-)
- Student/PhD Student (CHF 90.-)
- Faculty UNIL (CHF 115.-)
- Speaker (CHF 115.-)

*lunches are included

PAYMENT

Total : **CHF** _____

I would like to pay by credit card in advance (saves time on-site). No refund upon cancellation.

Please communicate your credit card number by phone to Mirjam Kiener: +41 21 613 73 10

I will pay on-site. Kindly take note that on-site registration will take approx. 20 minutes

Payment by Credit card (VISA, ECA, AMEX, MasterCard) Cash (only in CHF)

Registration Cancellation Policy: no fee will be refunded.

Date.....

Signature.....