

VI SPANISH MEETING ON GAME THEORY AND PRACTICE

Elche, July 2004

REGISTRATION FORM

PARTICIPANT

First name _____ Family name _____

Passport nr _____ Address _____

City _____ Country _____

Telephone _____ Fax _____ E-mail _____

Accompanying person:

First name _____ Family name _____

Information for receipt:

Person/Company _____

Address _____

City _____ Postal code _____ Country _____

REGISTRATION FORM

UNTIL APRIL, 30TH

AFTER APRIL 30TH

- | | | |
|-----------------------|-------------------------------------|-----------------------------------|
| • General | <input type="checkbox"/> 220,00 € | <input type="checkbox"/> 280,00 € |
| • Students | <input type="checkbox"/> 110,00 € | <input type="checkbox"/> 140,00 € |
| • Accompanying person | <input type="checkbox"/> 110,00 € € | <input type="checkbox"/> 110,00 € |

CANCELLATIONS POLICY Any cancellation will have to be made in writing

In case of cancelling after May 30th, 30% of registration fee will be deducted as administration costs

In case of cancelling after June 25th, registration fees are non refundable

Means of payment

Only registrations accompanied with payment will be accepted. Registrations will only be confirmed once payment has been received.

Credit card - I authorise to charge the amount above indicated to my credit card.

VISA AMERICAN EXPRESS MASTER CARD DINERS CLUB

Card Holder _____

Card N° _____ Expiry date _____

Date _____

Signature _____

Bank transfer to: *Viajes CajaMurcia*

Savings bank: *CajaMurcia*

Swift Code: CECAESMM 043

Account number *IBAN ES09 2043 0133 75 020 0003744*

Bank Cheque to: *Viajes CajaMurcia*
(we cannot take responsibility for any lost document).

Registration fee	_____ €
Accompanying person fee	_____ €
TOTAL AMOUNT	_____ €

Please send registration form and payment slip to: Departamento de Congresos - Viajes CajaMurcia

Avda. Gran Vía Escultor Salzillo, 5 - Entlo. Dcha. - 30.004 Murcia

Tlf. +34 968 225 476 - Fax +34 968 223 101 - E-mail: congresos@viajescajamurcia.com