REGISTRATION FORM

Please send the completed form by 15th May to Sandra Faria: sfaria@ua.pt

(and send a copy to David Callahan callahan@ua.pt)

Registration will be considered complete when the appropriately completed form is received, together with proof of payment.

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NAME TO BE U	SED ON PROGRAM	MME:		
TITLE OF PAPE	R:			
ADDRESS:				
POSTCODE:		CITY:		
PHONE NR (OP	TIONAL):			
E-MAIL ADDRE	SS:			
INSTITUTION:				
NAME AND TAX	NR (FOR RECEIP	T):		
INDICATE THE	TYPE OF ENROLM	ENT (REFER TO THE TAE	BLE BELOW FOR OPTI	ONS):
	NORMAL		€100	
	STUDENT*		€50	
	UA/CLLC/CE	EI *	€0	
	DINNER		ТВА	l
* Proof of studen	t status must be ser	nt with enrolment form.		
METHODS OF	PAYMENT:			
Alas, Cr	edit Cards cannot	be accepted by the unive	rsity for conference pa	yments.
	Debit Card: Directly the University of Av	y at the Office (Secretaria	ı) of the Department of	Languages and

Bank Transfer: Please attach proof of payment by email or post; otherwise the university's central
accounting system cannot reliably identify who has paid for what.

Name of Entity: Universidade de Aveiro University's tax number: 501461108 NIB: 0035 0836 00001785230 70

IBAN: PT50 0035 0836 00001785230 70

BICSWIFT: CGDIPTPL