

REGISTRATION FORM

Dear Colleagues, 1.- Could you please fill in this Registration Form and forward it with the abstract of your contribution, as attached file to our e-mail address: isipm-isia-agadir2015@univ-lr.fr

2.- We will also highly appreciate if you could forward the payment of your Registration fees to our Bank account, given hereafter.

Personal Information								
Title/Position:	Family Name:	Given Name:						
Affiliation:								
E-mail address:		Tel:		Fa	X:			
Post address:								
Postal code:	City:	F	Province/State:		Country:			

Registration Fees - Including: Welcome party, Lunches, Coffee brakes, Transportation to Marrakech University & Industry visits

Fee type	Paid Before August 15, 2015	Paid after August 15, 2015				
Attendee	450 €	550 €				
Student	250 €	260 €				
Accompanying person	250 €	260 €				
Banquet	60€	65€				
TOTAL DUE	€	€				
Tentative title of the Contributio	<i>n</i> :					
Type of presentation requested (please select one item & attach your Abstract):						
Key note lecture (45 mns)	Invited talks (25 mns)					
Plenary lecture (35 mns)	Oral presentations (15 mm	is)	Poster			
I will attend the ISIAMEO-4-Agadir 2015 & transfer the registration fee before()/after() August 15, 2015 Signature: Date:						
Please transfer your money to (mark your name, affiliation and ISIAMEO-4 registration fee):						

Please transfer your money to (mark your name, affiliation and ISIAMEO-4 registration fee):				
Bank Name:	BNP PARIBAS, Agence LA ROCHELLE - LES MINIMES			
Bank Address:	rue de La Scierie 17000 La Rochelle, FRANCE			
BIC:	BNPA FR PP XXX			
IBAN:	FR76 3000 4022 8800 0004 0482 052			
A/C No (RIB):	30004-02288-00000404820-52 - PARIS HBK 3106 (03106)			
Beneficiary Name	: ISIAMEO-4-Agadir 2015			