

European Conference on Integrated Optics 2007

April 25-27, 2007

Denmark's Technical University - Copenhagen

For secretariat use

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REGISTRATION FORM

Fill in with block letters or type and return the form together with your payment to: "ECIO/OTWNNM",
c/o DIS Congress Service Copenhagen A/S, Herlev Ringvej 2 C, DK-2730 Herlev, Denmark
Tel.: +45 4492 4492 - Fax: +45 4492 5050

PARTICIPANT

Family name: _____ First name(s): _____

Title/Profession: _____

Company / Institution: _____

Address: _____

Postal code: _____ City: _____ Country: _____

Fax: _____ Phone: _____

E-mail: _____

ACCOMPANYING PERSON (SPOUSE)

Family name: _____ First name(s): _____

No	REGISTRATION FEES (in Danish Kroner) Only one delegate per form	DKK by 28/2-07	DKK from 01/03-07	DKK Total
	ECIO delegate	2,700	3,000	
	ECIO student	1,200	1,500	
OTWNNM Workshop				
	OTWNNM delegate	1,700	1,900	
	OTWNNM student	760	950	
	ECIO – OTWNNM delegate	3,550	3,950	
	ECIO – OTWNNM student	1,575	1,975	
Hotel deposit (see also reverse page):				
	Hotel deposit <i>per room</i> : Level: A: DKK 1,500; B: DKK 1,000; C: DKK 800		⇒	
Social programme				
	Welcome reception on April 25		Free	
	Congress Dinner on April 26 - <input type="checkbox"/> Vegetarian		700	
Total amount				

Please turn over for information on payment and accommodation ⇒

PAYMENT

All payments must be made in Danish Kroner (DKK) and payable to **ECIO/OTWNNM**, c/o DIS Congress Service Copenhagen A/S. Registration or hotel reservation will be confirmed when DIS Congress Service Copenhagen A/S has received the payment.

Payment must be remitted as follows:

- by **banker's draft or cheque** drawn on Danske Bank.
- by **bank transfer** to bank account No. **4180 4180-411 348 (ECIO/OTWNNM)** – IBAN Number: **DK09 3000 4180 411348** in Danske Bank, Frederiksberggade 1, DK- 1012 Copenhagen K, Denmark, SWIFT Code: DABADKKK (**Not applicable for payments made in Denmark**).
- by **credit card**. By my signature I authorise DIS to charge my credit card. The total amount must be written on the front page in the box "**Total amount**".

Dankort Eurocard Master Visa Access AmEx

Card No. ____ / ____ / ____ / ____ Expiry date __ / __ Control code* ____

*The three (3) last digits printed on the reverse of your credit card.

Cardholder's name: _____

Cardholder's signature: _____

*Remember to state **Participant's NAME** and **ECIO/OTWNNM** on all payments!*

Hotel Reservation

Arrival date: _____ April 2007 - Departure date: _____ April 2007

Hotel Price Level	Single room DKK per night	No of rooms	Double room DKK per night	No of rooms
Level A	1,250		1,450	
Level B	825-850		950-995	
Level C	565		705	

All above stated prices are quoted in 2007-index and are included service charge and taxes. All rooms are with bath or shower. The deposit will be deducted from the final hotel bill when paid by the participant at the hotel.

Special wishes: _____

I will arrange my own accommodation

I herewith confirm by my signature below that I have read and am fully aware of and accept the conditions in the text, the cancellation conditions and the liability/ insurance conditions stipulated at www.ecio2007.dk

Date: _____ **Signature:** _____

Remember to make a copy of this form for your own file