****

**9th International Conference on Protein Stabilisation**

**2nd – 4th May 2012**

**Registration/Booking Form**

**Delegate Costs:**

**Full Conference** (includes all sessions, refreshments, lunch and the welcome dinner)

|  |  |  |
| --- | --- | --- |
| **(If booked before 1st March 2012)** |  | **(If booked after 1st March 2012)** |
| **Participants** | **€ 400.00** | **[ ]**  |  | **Participants** | **€ 500.00** | **[ ]**  |
| **Students** | **€ 250.00** | **[ ]**  |  | **Students** | **€ 350.00** | **[ ]**  |
| **Industry** | **€ 750.00** | **[ ]**  |  | **Industry** | **€ 1000.00** | **[ ]**  |

Please note that all fields marked by \* are required. Completed forms must be returned by regular mail to:

Prof. Luis P. Fonseca, Instituto Superior Técnico - IST, Institute for Biotechnology and Bioengineering – IBB,

Av. Rovisco Pais, Torre Sul, 8º Piso, 1049-001, Lisboa, Portugal

Or by e-mail to: ProStab2012@ist.utl.pt; Or by Fax: +351 218419062/178

**Please fill out a separate form for each delegate.**

I agree that my name, title and institution being featured on the attendance list can be distributed to all delegates at the conference: yes [ ]  no [ ]

**Personal Details**

Please fill will the blanks.

**Delegate**

Title\*:  Job Title\*:

First Name\*:       Family Name\*:

Institution and address\*:

Postcode/Zip\*:

E-mail\*:

Daytime Telephone\*:       Fax\*:

(+ International dialling code)

Delegates Total Cost: €

**Partner**

**Partner** will be attending the Welcome dinner: [ ]  Yes [ ]  No

Partners Total Cost: € 50

Title\*:

First Name\*:       Family Name\*:

(First and family name to be used on conference name badges)

**BOOKING TERMS AND CONDITIONS**

1. Nearer to the event full joining instructions will be sent by email and will be available on the web.
2. Cancellation of registration will be accepted until March 15th 2012 with a refund of 80% of the registration fee. After the 15th March 2012 no refund will be possible.

**Payment Method**

Please tick appropriate box

Paying by International or Portuguese Check: [ ]

Payment by Credit (Visa or Master Card): [ ]

Bank Transfer Payment: Invoice required: [ ]

If paying by Bank Transfer please refer to the form below and pass to your Finance Section for payment quoting: **‘ProStab2012 and invoice number’**. Send a bank transfer confirmation to adist@ist.utl.pt. Bank transfer costs must be paid by the participant and will not be covered by conference organisation.

If you require an invoice to be sent please confirm below the invoice address, and contact name the invoice should be addressed to if not yourself.

**On receipt of your booking form ProStab2012 will confirm your booking as soon as possible by e-mail. Receipts of payment will be sent by post**.

**BANK DETAILS**

 **FOR PAYMENTS DIRECT TO THE UNIVERSITY BANK ACCOUNT**

|  |
| --- |
| Bank: Millenium bcpAccount Name: ADIST ASSOC DESENVOLVIMENTO ISTAccount Number: 4508561SWIFT CODE: BCOMPTPLIBAN CODE: PT50 - 0033 - 0000 - 00004508561 - 05NIB: 0033 - 0000 - 00004508561 - 05 |

**PLEASE QUOTE ‘PROSTAB2012 and INVOICE NUMBER’**

**when making your transfer and send confirmation to adist@ist.utl.pt**

**Please send this confidential information to:**

**ProStab2012@ist.utl.pt or Fax +351 218419062/178**

**VISA or Master CREDIT CARD AUTHORISATION (Available only in March 2012)**

**Card Holders Name:** **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Card Number:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Expiry Date (month/year):** **Security Code:** (last 3 digits of number on signature strip):

 **Amount authorised to be paid using the above credit card details:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Total:** € |  |  |  |  | **,** |  |  |