

International Workshop on <i>ELECTROMAGNETIC FIELDS AT THE WORKPLACES</i> REGISTRATION FORM
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Please complete this Registration Form (type or print) and send or fax it to the Workshop Office by 16 August 2005.

Workshop Office:
Central Institute for Labour Protection - National Research Institute
Czerniakowska 16, 00-701 Warszawa, POLAND
tel. (+48 22) 623 46 50; fax. (+48 22) 623 46 54
e-mail: EMFworkshop@ciop.pl; jokar@ciop.pl

First name and surname
.....
.....

Affiliation (institution name and address)
.....
.....
.....

Phone Fax

E-mail

I will attend the Workshop as a participant

and a presenting author

without a presentation

Title(s) of submitted presentation(s)
.....
.....
.....

.....
Signature

Registration fee

regular - 200 Euro - participant without a presentation
reduced - 150 Euro - presenting author
student - 100 Euro - presenting student

The registration fee includes: participation in the Workshop, Workshop Proceedings, lunches, refreshments during breaks and conference dinner.

(Dinner for an accompanying person costs 30 Euro - to be paid at the registration desk)

Participants cover the cost of their accommodation.

Method of payment (select one):

bank transfer to:

Bank's name: BANK BPH SA O/Warszawa
Address: Jasna 1, 00-950 Warszawa, POLAND
Account No.: PL 43106000760000401020001972
Reference: **EMF Workshop & participant's name**
SWIFT: BPHKPLPK
Account holder: Central Institute for Labour Protection - National Research Institute, Poland

Banks must be instructed to transfer the full amount, to ensure that no commission or bank charges are deducted.

VISA / **MasterCard credit card**

Reference: **EMF Workshop & participant's name**

Card details:

Card number:

Expiration date:

Cardholder's name (as on the card):
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Cardholder's complete postal address:
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.....

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date (dd/mm/yyyy); cardholder's signature