

REGISTRATION FORM

9TH CONGRESS OF THE EUROPEAN SOCIETY FOR PHOTOBIOLOGY, LILLEHAMMER, 3-8 SEPTEMBER 2001

Please fill in the form below and either fax or mail it to the ESP Treasurer, Dr. Francesco Ghetti, CNR Istituto di Biofisica, Area della Ricerca di Pisa, Via Alfieri 1, San Cataldo 56010 Ghezzano - Pisa, Italy Tel. +39 050 3152764, Fax +39 050 3152760,
E-mail: francesco.ghetti@ib.pi.cnr.it (Please write clearly. CAPITAL LETTERS ONLY)

Family name: _____ First name: _____

Institution/Company: _____

Department: _____

Address: _____

Postal code: _____ City: _____ Country: _____

Tel: _____ Fax: _____ E-mail: _____

Accompanying Persons: (Family name, First name): _____

Registration fees, please tick:	Early Rates before 1 June	Late Rates before 15 Aug	On-Site Rates after 15 Aug
ESP Member	EUR 420 <input type="checkbox"/>	EUR 550 <input type="checkbox"/>	EUR 600 <input type="checkbox"/>
ESP Member (Eastern Europe, Developing Countries)	EUR 310 <input type="checkbox"/>	EUR 390 <input type="checkbox"/>	EUR 450 <input type="checkbox"/>
ESP Member Student*	EUR 250 <input type="checkbox"/>	EUR 320 <input type="checkbox"/>	EUR 370 <input type="checkbox"/>
Non-ESP Member**	EUR 550 <input type="checkbox"/>	EUR 700 <input type="checkbox"/>	EUR 800 <input type="checkbox"/>
Accompanying person	EUR 140 <input type="checkbox"/>	EUR 180 <input type="checkbox"/>	EUR 200 <input type="checkbox"/>

* Students: Letter from Supervisor required.

** For non-ESP members: You may apply for ESP membership by filling in the form enclosed in the 2nd Announcement or submit an application on http://www.pol-us.net/ESP_Home/esp_appl.html. To take advantage of the reduced Congress fees for ESP members, payment of the ESP membership fee has to accompany the Congress fee.

ESP membership fee (information on rates in application form): EUR _____

Fees, total: EUR _____

Banquet Tickets:

EUR 55 per person. Number of persons: ____ Please indicate if a vegetarian dinner is preferred EUR _____

Lunch Buffet Tickets:

EUR 20 per person per day. Number of persons: _____ Number of days: _____ EUR _____

Conditions and Cancellation Deadline:

Pre-registration must be accompanied by a payment; otherwise it will not be processed. In all other cases the on-site registration fee will be taken as a basis. Requests for refunds must be made in writing to the ESP treasurer, address as above. There will be a EUR 25 fee for any registration cancellation. NO REFUNDS HONoured AFTER 15 AUGUST 2001.

Methods of payment:

Credit card. Please fill in the details below.

I, the undersigned, authorise the European Society for Photobiology to debit my credit card:

Access Carta Si Carte Bleue Diners Club Eurocard MasterCard Visa

Complete card No: _____ Expiry date: _____ For the sum of EUR: _____

Amount of EUR in words: _____ Date: _____

Name of card holder: _____ Signature of card holder: _____

Bank order to Banca Toscana, Pisa Ag. 1 Branch, Via Borgo Stretto 40, 56100 Pisa, Italy (Swift: TOSGIT33; European Bank Code: IT 73 T 03400 14001 211795), ESP European Society for Photobiology account number 2117/95. Please ensure that the bank includes your name and address so that the source of payment can be easily identified. (Note: Bank charges not included in the sums above)