

CARDIS 2014

CARDIS INSCRIPTION FORM

Please print this form and fill in with the required information.

And then, please return it by fax or mail

together with either your credit card information or a copy of the bank transfer to

FAX : +33 01 48 04 51 31

or

E-mail: celine.carle@cnam-iledefrance.fr & pierre.paradinas@cnam.fr

Last Name (Family Name) _____ First Name _____

Title: Prof., Dr., Mr., Mrs., Miss., Ms. Position: _____

University/Company _____

Address _____

City _____ Province/State _____

Country _____ Postal/Zip _____

Code _____

Telephone _____ Fax _____

E-mail _____

CONFERENCE PARTICIPATION FEES:

	Early registration (before October. 5, 2014)	Late registration (after October. 5, 2014)
Regular fee	300 €	400 €
Student fee*	200 €	300 €

*Students must sent a copy of their student ID card

Total fee (Euros) = _____

Payment by VISA or Mastercard.

VISA # _____ Expire date(mm/yyyy) :

MASTERCARD # _____ Expire date(mm/yyyy) :

Crypt Code # _____

Name on card _____ Date(mm/dd/yy):

Date (mm/dd/yy): _____

Cardholder's signature _____

OR, payment must be payable to ARCNAM and with the CARDIS mention:

Name of Account: ARCNAM ILE DE FRANCE

IBAN: FR28 3000 2048 6400 0046 6202 C92

BIC/Swift Adress: CRLYFRPP