

**REGISTRATION FORM for CALPHAD XXXIV
MAASTRICHT, THE NETHERLANDS, MAY 22-27, 2005**



PERSONAL DATA

- name:
- first name:
- title:
- affiliation:
- full address:
- tel:
- fax:
- e-mail:

CONTRIBUTION TO THE CONFERENCE

- oral presentation preferred
- poster preferred
- (provisional) title:
- authors:
- any observations:

PAYMENT

Tick your credit card:

- American Express;
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Tick your amount:

- Euro 975,- conference fee, writing-off date December 15, 2004;
- Euro 1650,- conf. fee plus extra for accompanying guest, writing-off date December 15, 2004;
- Euro 1100,- conf. fee, writing-off date April 15, 2005;
- Euro 1775,- conf. fee plus extra for accomp guest, writing-off date April 15, 2005;
- Euro 850,- conf. fee, room shared with (please give name:.....), writing-off date December 15, 2004;
- Euro 675,- conf. fee, sleeping accommodation excluded, writing-off date April 15, 2005

DATE:

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PLEASE SEND THIS FORM TO:
FBU-CONFERENCE OFFICE, HEIDELBERGLAAN 8,
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