**CADAAD *5th International Conference* ELTE, Budapest – 1-3 September, 2014**

**REGISTRATION FORM**

**All fields are compulsory.**

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| **Title** (Prof/Dr/Ms/Mr) |  | **First Name** |   |
| **Family Name** |  |
| **Full mailing address** |  |
| **E-mail** |  |
| **University affiliation** **(for your badge)** |  |
| **Will you present a paper?** | YES / NO |
| **Name of payer** **if other than yours** |  |
| **Invoicing address****if other than yours** |  |
| **Tax number** **for the invoice** |  |

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|  | **EARLY BIRD****until 5 April** | **STANDARD****from 6 April to 31May** |  |
|  | **Full price**high-GDP countries | **Discount**(1) low-GDP countries(2) MA/PhD students**\*** | **Full price**high-GDP countries | **Discount**(1) low-GDP countries(2) MA/PhD students**\*** | **ENTER AMOUNT HERE****EUR** |
| **Registration fee**  | **165 EUR** | **130 EUR** | **215 EUR** | **170 EUR** |  |
| **Lunch:** **1 September 🞏****2 September 🞏****3 September 🞏** | **T*ick box if applicable.* 8 EUR****T*ick box if applicable.* 8 EUR****T*ick box if applicable.* 8 EUR** |  |
| **Conference dinner**2 September |  **35 EUR** |  |
| **Contribution** **to *Solidarity Fund*** |  **optional amount** |  |
| **TOTAL** |  |   |

**\***As proof of your current student status, please send a scanned document issued by your institution including your name, the graduate school/department and an official stamp.

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| **If you come to the Conference Dinner and/or have ordered lunch, please mark your food preferences with an X, if applicable.** |
| Vegetarian | Vegan | Any food allergies. Please specify. |

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| **PAYMENT DETAILS** |
| **BANK TRANSFER** Bank transfers must be for the total amount due in Euros. Please make sure that all bank charges are paid for before your payment reaches us.

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| **PLEASE PAY TO:** **ADDRESS:**  | TREFORT KERT ALAPITVANYH-1088 Budapest, Rákóczi út 5. |
| **BANK:**  | OTP BANK |
| **BANK ADDRESS:**  | H-1075 Budapest, Károly körút 1. |
| **SWIFT code / BIC:**  | OTPVHUHB |
| **IBAN:**  | HU32 1176 3079 1764 9889 0000 0000 |
| **PLEASE ADD COMMENT:**   | CADAAD 2014 *Participant’s full name* |

Please allow a few days for confirmation of receipt. |
| **Please send to** **cadaad2014@gmail.com** **the following:**🞏 The completed scanned and signed *Registration Form*🞏 A legible copy of your *bank transfer*🞏 *Proof of student status* (if applicable) |

**By signing and sending this form, I agree to the following terms:**

* Registration will not be considered valid until the Organising Committee has received by e-mail a copy of the bank transfer together with your signed Registration Form.
* All payments must be made in EUR and must be free of bank handling charges.
* In case of registration cancellation made by 15 May 2014, the total paid amount minus 45 EUR (for processing charges and administrative costs) will be paid back.
* In case of registration cancellation made from 16 May 2014, there will be no refund.
* In case of Force majeure, Act of God or any unforeseen event that renders the performance of this conference inadvisable, CADAAD 2014 Organising Committee will not be held responsible for not being able to provide full refund and will not accept liability for any losses incurred in the event of cancellation or postponement.
* Registration is binding. Only cancellations received in writing in advance will be considered. Refunds will be processed within 30 days after the conference.

**Signature:**

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**Data Protection**

All information you have given above will be held and processed by CADAAD 2014 Organising Committee confidentially and strictly in accordance with the EU Data Protection Act.