**Registration form – Ozone Days 2020**

Please send us this registration form by mail or email with full payment and payment information to:

|  |  |
| --- | --- |
| **Institut Polytechnique UniLaSalle****LaSalle O3 – Alexandre Hérisson****Rue Pierre Waguet** **BP 30313****60 000 BEAUVAIS CEDEX (France)** | **Phone: +33 344 067 600****Fax : +33 344 062 526****Email:** **ozone.days@unilasalle.fr** |

Once your payment is received and confirmed, we will send you a receipt.

For further information, please visit: <https://ozone-days-2020.com/registration>

**Attendee information**

*Please fill the attendee information below. For several attendees, please copy and paste the table with the required details.*

|  |  |
| --- | --- |
| **Civil Status** | Choose Civil Status |
| **First Name** |  |
| **Last Name** |  |
| **Email** |  |
| **Phone** |  |
| **Company / Organization** |  |
| **Function/Position** |  |
| **Address** |  |
| **Zip Code** |  |
| **City** |  |
| **Country** |  |
| **Dietary specific requirements ?** |  |

**Registration fees**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Quantity** | **By January, 31** | **By February, 29** | **Amount in € (EUR)** |
| **Company Representative** |  | € 300 | € 400 |  |
| **Academic*****Researcher or teacher affiliated to a university or other institute of higher education*** |  | € 200 | € 300 |  |
| **Student*****Master Student, PhD Student*** |  | € 100 | € 150 |  |
|  |  |  |  |  |
|  |  | **Total in € (EUR)** |  |

**Payment information**

*Please note that all bank charges need to be paid by the attendee.*

**On line registration**

Please visit: [www.ozone-days-2020.com/registration](http://www.ozone-days-2020.com/registration)

**Credit Card**

*Please fill the Credit Card information below*

|  |  |
| --- | --- |
| **Card type (Visa, Mastercard, American Express…)** |  |
| **Card Number** |  |
| **Card Expiry Date** |  |
| **Card Security Code*****3- or 4-digit number, typically printed on the back of a credit card (usually in the signature field)*** |  |
| **Cardholder full name** |  |
| **Cardholder address** |  |
| **Cardholder signature** |  |
| **Date of the payment** |  |

**French Check (only with EUR Currency)**

* Check order to: UniLaSalle.
* Please send the check and the registration form to UniLaSalle address (see above).

**Credit Transfer**

*Please note our Bank information:*

* Bank Office: CA BRIE PICARDIE - CAE 60 BEAUVAIS
* BIC Code / SWIFT Code: AGRIFRPP887
* IBAN: FR76 1870 6000 0003 7390 0016 054

*Please fill your bank information:*

|  |  |
| --- | --- |
| **Your Bank name** |  |
| **Your Bank transfer reference (if available)** |  |
| **Date of the payment** |  |

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**[www.ozone-days-2020.com](https://www.ozone-days-2020.com/)**

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