

ECAART11 REGISTRATION ORDER FORM (one form per registration)	
1. YOUR PERSONAL DETAILS	
Name:	<input style="width: 80%;" type="text"/>
First name:	<input style="width: 80%;" type="text"/>
Address:	<input style="width: 80%;" type="text"/>
Postcode:	<input style="width: 20%;" type="text"/> City: <input style="width: 60%;" type="text"/>
Country:	<input style="width: 80%;" type="text"/>
Email:	<input style="width: 40%;" type="text"/> Phone: <input style="width: 40%;" type="text"/>
2. REGISTRATION DETAILS	
Category:	<input type="checkbox"/> Student (€350) <input type="checkbox"/> Senior (€500) <input type="checkbox"/> Accompanying person (€150)
<i>Reduced fee until 21 June 2013.</i>	
<i>Full fee after this date : Student (€400) - Senior (€550) - Accompanying person (€150)</i>	
Students room ?	<input type="checkbox"/> No <input type="checkbox"/> 4 nights (€140) <input type="checkbox"/> 5 nights (€175)
Total amount in EUR:	<input style="width: 100%;" type="text"/>
Date (dd/mm/yy):	<input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/>
Signature:	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
3. INVOICING DETAILS (if different from your personal details)	
Institution/company:	<input style="width: 80%;" type="text"/>
Department:	<input style="width: 80%;" type="text"/>
Contact person:	<input style="width: 80%;" type="text"/>
Address:	<input style="width: 80%;" type="text"/>
Postcode:	<input style="width: 20%;" type="text"/> City: <input style="width: 60%;" type="text"/>
Country:	<input style="width: 80%;" type="text"/>
Email:	<input style="width: 40%;" type="text"/> Phone: <input style="width: 40%;" type="text"/>
VAT number:	<input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> <input style="width: 10%; text-align: center;" type="text"/> or <input type="checkbox"/> N/A
Please print out this form, sign it and send it back by fax (+ 32 81 72 54 74) or email (attached PDF) at info@ecaart11.be .	