

<b>Secretariat Use Only</b>
Date Received:
Registration No.:

# REGISTRATION FORM

Please send this form by mail or fax to the workshop secretariat before **AUGUST 15, 2009**  
 Should you have any question, please contact us by email at [wnpde09@ulb.ac.be](mailto:wnpde09@ulb.ac.be)

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**Web :** <http://wnpde09.ulb.ac.be>

## Personal information (Please type or print clearly in CAPITAL LETTERS)

\*All fields marked with a star are required for registration

\***Title:**  Mr.  Mrs.  Ms.  Prof.  Dr.  
 Doctoral student  Others (Please specify : \_\_\_\_\_)

\***First(Given) name:** \_\_\_\_\_ **\*Last (Family)name:** \_\_\_\_\_

**Name for the badge:** \_\_\_\_\_

**Passport number:** \_\_\_\_\_ **Birthday:** (yyyy/mm/dd) \_\_\_\_\_

\***Affiliation:** \_\_\_\_\_

\***Postal address:** \_\_\_\_\_

\***Postal code:** \_\_\_\_\_ **\*City:** \_\_\_\_\_ **\*Country:** \_\_\_\_\_

\***Tel:** (country code - area code - tel no.) \_\_\_\_\_ **\*Fax:** (country code - area code - tel no.) \_\_\_\_\_

\***E-mail address:** \_\_\_\_\_

\***Event attending:** (please tick your choice)  
 Conference only (includes coffee breaks and sandwich lunches. Fee on page 2)  
 Conference + Banquet (includes coffee breaks, sandwich lunches and the banquet. Fee on page 2)

**Special dietary requirements:** (please tick your choices)  
 None  Vegetarian  Other: \_\_\_\_\_

**Student room request:**  **Please contact us for availability before doing your payment.** (Rate on page 2)

Arrival date : \_\_\_\_\_ Departure date : \_\_\_\_\_

