

REGISTRATION & ACCOMMODATION FORM

International Workshop on the Arithmetic of Finite Fields WAIFI 2007

Madrid, Spain. June 21-22, 2007

Family Name: _____ First name: _____

Address: _____

City: _____ State/Country: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

Institute / Company: _____ Unit / Dpt.: _____

The protection of individuals with regard to the processing of personal data and the free movement of such data is published in the European Parliament Directive 95/46/EC and of the Council of 24 October 1995. The Spanish LO 15/99 published in B.O.E. of 14 December 1999 also refers to personal data protection. In accordance with these Directives your personal data will be processed by WAIFI 2007 for the promotion of the Congress. By filling in this form, you are authorizing WAIFI 2007 to use your data for the above mentioned purpose. You are entitled to change or cancel your personal data at the Congress Secretariat.

1. REGISTRATION FEES

	Until June 6 th	From June 7 th
<input type="checkbox"/> Regular registration	390 €	440 €
<input type="checkbox"/> Student registration *	290 €	340 €

* **Student registration fee:** Letter from the Head of Department compulsory. Congress banquet not included.

2. ACCOMMODATION

Only fully prepaid accommodation will be guaranteed

Rates per room and night (Breakfast & VAT included)	Single room	Twin room
Hotel Meliá Madrid Princesa *****	160,50 €	171,20 €
Hotel T3 Tirol ***	107,00 €	107,00 €

Please book:

_____ Single room _____ Twin room
Please indicate number of requested rooms in the appropriate box

Arrival date: ____ / June / 2007

Departure date: ____ / June / 2007

Number of nights _____

TOTAL PAYMENT (VAT INCLUDED) _____ €

PAYMENT TERMS

Bank transfer to **ATLANTA VIAJES**. BBVA. Account number: 0182 4008 23 0201518919 / SWIFT: BBVAESMMXX
IBAN: ES79 0182-4008-23-0201518919 clearly stating "**WAIFI 2007**" on behalf of _____ (**name of delegate**)
Please enclose a **copy of the payment** with this Form.

VISA card number _____ **Expiry date:** _____ **CVC:** _____
By my signature, I authorize ATLANTA/UNICONGRESS to charge my credit card the total amount stated above

Place and date: _____ Signature: _____

CANCELLATION AND REFUND POLICY

All cancellations must be sent to UNICONGRESS in writing (fax, letter or e-mail).
Any change of name will be dealt with as a cancellation and a new registration.

CANCELLATION OF REGISTRATION

- Cancellations received until May 31st: full refund less 20 euros for administrative fee.
- Cancellations received from June 1st: no refunds will be made.

CANCELLATION OF ACCOMMODATION OR REDUCTION OF NIGHTS

- Cancellations received until May 15th: full refund less 20 euros for administrative fee.
- Cancellations received from May 16th to June 6th: full refund less one night deposit.
- Cancellations received from June 7th: no refund will be made.

PLEASE REGISTER

On line: Please fill the Registration and Accommodation Form on: www.waifi.org

Letter / Fax:

Please fill in the Registration and Accommodation Form and send it with copy of the payment to Secretariat:
UNICONGRESS: Bárbara de Braganza, 12 - 3º D, 28004 Madrid
E-mail: unicongmad@unicongress.com / Phone.: + 34 91 310 43 76 / Fax: + 34 91 319 57 46