

f@imp 2.0 Festival and Conference May 31 – June 1, 2018
REGISTRATION FORM

() Mrs () Mr () ICOM member No. _____ () No member () Student*

*) Please enclose a copy of the student ID card with the expiry date.

Name, first name _____

Title _____ Function _____

Institution _____

Address _____

Country _____

Private address _____

E-mail _____

Phone + _____

I am accompanied, with participation at the event, by

Name, first name _____

Arrival _____ 2018 approx. time _____ Depart. _____ 2018 approx. time _____

() Arrival by plane Airport _____ Flight No _____

() Arrival by train Station _____

() Arrival by car

Special needs _____

Hotel / Accommodation address

I offer the following presentation

Upon receipt of the invoice, I will transfer the fee for personal participation to the specified account. Deadline: March 10, 2018.

Date _____

Signature _____