

“ 13th Workshop on Advanced Control and Diagnosis”
ACD 2016 November 17-18, 2016

REGISTRATION FORM

Date:

Name: Prof, Dr, Mr. ...(first Name).....(Family Name).....;

Affiliation:.....;

Address:

Phone:;E-mail:.....

Number of accepted papers: ID of accepted paper(s):

Expected date of arrival: Expected date of departure:

Mode of Payment: Bank Transfer Credit card : on website

REGISTRATION TABLE

- Author Paper EUR
- Student (student card will be asked) EUR
- Additional submison :EUR
- Accompanying Person EUR
- Extra Banquet+social eventEUR

Registration	Fees (EUR)
Full (2 papers)	220
Student (one paper)	150
Additional paper	80
Accompanying Person	80
Extra Banquet+social event	60
TOTAL	

Bank transfer

Account Owner: Monsieur l'Agent Comptable de l'USTL

Bank address: DRIFT DU NORD PDC - 82 avenue KENNEDY - 59033 LILLE CEDEX , France

SWIFT: Account number (IBAN format): FR76 1007 1590 0000 0010 0389 266

Bank Identifier Code (BIC): TRPUFRP1

Charges-details: Variable symbol: IDYYY (where YYY is your paper ID, if the participant does not submit any paper, use 000)

Detail of payment: ACD2016, IDYYY, name of registered participant

The full and student registration fees **include** lunches (buffet), coffee breaks, the workshop banquet, the social event and the registration on IOP journal indexed SCOPUS.

Bank Transfer: In case of bank transfer, please email a copy of remittance advice to: Mireille.bayart@univ-lille1.fr

Signature: _____ Date: _____