ICMP2003 Registration Form			
K.I.T. Congressos e Inc Ref.: "XIV Inter	centivos, Lda. cnational Congress cdino, Lte 11, 1 I	s on Mathematical Phy	
Phone: +351 21	17 220 010 - Fax	x: +351 217 220 019	- Email: mpinto@kit.pt
	-	r using your word pro fax number or email a	ocessor. After filling address above. ====================================
Form of address	(mark yours):	Mr.[] Mrs.[]	Dr.[] Prof.[]
Last name:		First name:	
Email:			
Institution:			
Position:			
Street and no			
ZIP code:		City/Town:	
Country:			
REGISTRATION FER		onal Congress on Math	nematical Physics".
Participants IAMP Members Students	Early* (until Feb 28) 140,00[] 120,00[] 100,00[]	Standard* (Mar 1 to Jun 28) 180,00[] 150,00[] 110,00[]	Late (Jun 29 to the congress) 200,00[] 160,00[] 120,00[]
	ES "Young Research Please mark your	• -	
Participants IAMP Members Students**	Early* (until Feb 28) 60,00[] 50,00[] 40,00[]	Standard* (Mar 1 to Jun 28) 75,00[] 60,00[] 50,00[]	Late (Jun 29 to the congress) 90,00[] 80,00[] 70,00[]
		ees apply only if bot eived until the dates	

**Up to 27 years old.

Total: _____

Please do not forget to keep a copy of the booking forms for your own control.

TERMS OF PAYMENT

F 7

Please mark below which of the following three payments (cheque, bank transfer or credit card) you have used for registration (in EURO only).

ΓJ	Cheque payment	
	Checks must be issued and sent to:	К.І.Т.
		Congressos e Incentivos, Lda.
	Please add 15 EURO for	Ref.: "XIV International Congress on
	foreign checks to	Mathematical Physics"
	cover bank charges.	Rua Pedro Monjardino, Lte 11, 1 Dto 1600-892 Lisbon, Portugal

[] Bank transfer payment	BBVA Av. Duque de Loul, 130
Please send us by mail the copy	1050-093 Lisbon, Portugal
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You can also send it by fax	Nr. PT50 0019 0111 00200006883 50
to the number +351 217 220 019.	Ref.: "XIV International Congress on
	Mathematical Physics"

All costs of transfer must be paid by the transmitter. Please state the participant's name, address and the Ref "XIV International Congress on Mathematical Physics".

[] Credit card:

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Visa[] American Express[] EUROCARD/Mastercard[] Diners Club[] In case this is your method of payment, please send together with the copy of the credit card:

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Cardholder's name: ______ I authorize K.I.T. to debit this credit card account in EURO for the total amount due only. I also consent to K.I.T. debiting or crediting my credit card account with the amount of any subsequent change(s) to the items booked.

I confirm the above registration and accept the conditions described in the present form.

Sig. _____