**Conference Fees and Final Registration Form**

**18th Int. Conf. on Transport & Sedimentation of Solid Particles,**

**September 11 – 15, 2017, Prague (Czech Republic)**

**Please fill up all required fields**

**Invoicing/Billing Adress : …………………………………………………………………………………………..**

**………………………………………………………………………………… Vat Number: ……………………..**

The Symposium fee includes an admission to all Conference sessions, a copy of the proceedings, lunches, coffee breaks, Symposium Dinner and Welcome Reception, and it is fixed as following

|  |  |  |
| --- | --- | --- |
| **Registration categories** | **Registration fee** |  |
|  | received by **July 31, 2017** | received after July 31, 2017 | **Ordered** | **Indication of Interest** |
| Regular Conference fee  | 350 EUR | 400 EUR |  |  |
| PhD student Conference fee | 250 EUR | 300 EUR |  |  |
| Exhibitors | 500 EUR | 500 EUR |  |  |
| **Accompanying persons** | received by **July 15, 2017** | received after July 15, 2017 | **Ordered** | **Indication of Interest** |
| Accompanying person package (a) | 250 EUR | 300 EUR |  |  |
| Symposium Dinner Additional ticket | 60 EUR | 80 EUR |  |  |
| **Technical/Cultural Tours** |  |  | **Ordered** | **Indication of Interest** |
| Technical/Cultural Tour (September 13, 2017) | 50 EUR | 75 EUR |  |  |
| (a) Accompanying person package includes: three days spouse programme, Technical/Cultural Tours, Symposium Dinner, Welcome Reception. |
| **Early payment is recommended.** | **TOTAL**  |  **EUR** |

**Payment can be made by** (√ tick)  🗖 **Bank transfer** to the account:
**Account owner : USTAV PRO HYDRODYNAMIKU AV CR**, Pod Patankou 5/30, 166 12 Praha 6

**Account number:** 19-8484630207/0100  **IBAN:  CZ2501000000198484630207**

**International bank identifier code –** Komerční banka, Na příkopě 33, 11401 Praha 1, Czech Republic

**BIC (SWIFT): KOMBCZPPXXX** for the eight-digit option: **KOMBCZPP**

**Please add your name and affiliation and make sure that all bank charges are paid by the sender, so that the full amount of the Conference fees is received on the account.**

**Payment by Bank transfer is preferable**

 or by🗖 **Credit Card**—Please debit (√ tick) my:

🗖 Visa 🗖 Visa Electron 🗖 MasterCard 🗖 Maestro 🗖 Diners Club 🗖 V Pay 🗖 JCB

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Expiry Date (mm/yy): ……………………..…CVC number (last 3-4 digits on back of the card): ………………

Please write name on card (of the card holder): ….………………………………………………………………..
Credit card may be charged with Euro …………….. Signature ……………………………………………..

P**lease complete your registration by mailing your signed Conference Fees and Final Registration Form to "18th T&S 2017 Secretariat" (****ts2017@ih.cas.cz****) or faxing at the fax number +420-233324361.**

**NAME & AFFILIATION ………………………...**………………………………………………………………………………………………….

………………………………………………….……… **SIGNATURE:** ………………………………………………