



RAAD 2009
18th International Workshop on Robotics in Alpe-Adria-Danube Region
May 25-27, 2009, Brasov, Romania

Registration Form

Please fill out (one form per participant) and return this form by fax or e-mail to the Workshop Secretariat:

Fax: +40 21 3170912, E-mail: raad09@cimr.pub.ro

Title		
First Name		
Surname		
Company		
Department		
Address		
Post code/ City		Country
Telephone		Fax
E-mail		

TICK AS APPROPRIATE:

REGISTRATION FEES*	BEFORE APRIL 28, 2009	AFTER APRIL 28, 2009 AND ON-SITE
REGULAR FEE*	◇ 350,00 €	◇ 400,00 €
STUDENTS FEE*	◇ 200,00 €	◇ 250,00 €
EXTRA PAPER FEE	◇ 200,00 € (each extra paper)	Number of extra papers:
ACCOMPANYING PERSON	◇ 120,00 € (each person)	Number of accompanying persons:
	TOTAL DUE:	€

* Regular and students registration fees include a copy of the CD-ROM proceedings, a copy of Book of abstracts and admission to all workshop sessions, lunches, coffee breaks, the Black Church concert, the workshop dinner in Brasov and a tour to the medieval city Rasnov, the Dracula Castle in Bran, and barbeque in Bran. For Student fee a student ID must be provided.

Please, note that all papers must be accompanied by a registration fee to be paid within the early registration deadline in order to be included into the workshop proceedings. No more than a paper is accepted per Registration Fee.

PAYMENT - tick as appropriate

◇ Bank transfer to:

CIMR Centre (RAAD'09 Organizer)
 CIMR address: 313, Spl. Independentei, sector 6, RO-060032, Bucharest, ROMANIA
 Bank Name: Banca Comerciala Romana, Sucursala sector 6
 Bank Address: Bd. Timisoara, No. 6C, sector 6, Bucharest, RO-061328, ROMANIA
 IBAN: RO27 RNCB 0077 0023 6860 0002,
 SWIFT: RNCBROBU

Bank charges for wire transfer must be supported by the sender. To insure proper credit to your account, you must specify in the "Transaction Description" area: REGISTRATION FEE for RAAD'09 and the attendee's name. Please send a proof of payment (copy of wire transfer certified by your bank).

◇ Credit card:

Please provide the following information: [☐]Visa [☐]MasterCard

Credit Card Number _____ Expiration Date _____

CVV Code _____ Printed Name _____

I hereby authorize the CIMR Centre (RAAD'09 organizer) to debit my credit card with the amount of €.

Signature of the Card holder _____

◇ Cash at the Workshop Registration desk

INFORMATION AND CONSENT TO THE TREATMENT OF PERSONAL DATA

(art.13 Decree-law n°196/2003)

We inform you that your personal data will be collected by us with the only purpose of carrying out our institutional activity and of supplying you the services you asked us for; sensitive data will not be collected; your data will be recorded according to the laws in force and will not be widespread.

Date _____ Signature _____