

Seventh International Workshop on  
“New Worlds in Astroparticle Physics”

Registration Form

Ms.  Mr.  First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Do you intend to present a talk? Yes  No

If yes, give title: \_\_\_\_\_

And short abstract: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected day and hour of arrival: Day: \_\_\_\_\_ Hour: \_\_\_\_\_

Expected day and hour of departure: Day: \_\_\_\_\_ Hour: \_\_\_\_\_

**Registration fee:**

Regular participant (€ 300, or € 350 after May 15th): € \_\_\_\_\_

Student participant (€ 150, or € 200 after May 15th): € \_\_\_\_\_

Accompanying persons (\_\_\_\_ x € 50) = € \_\_\_\_\_

Total € \_\_\_\_\_

I am sending the total of € \_\_\_\_\_ by:

Certified cheque (enclosed), payable to LIP.

Bank Transfer to: Millennium, BCP (attach bank acknowledgement receipt):

NIB: 0033 0000 000130338037 5 / IBAN: PT50 0033 0000 000130338037 5

(BIC/SWIFT: BCOMPTPL)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Send this form to: Sandra Dias, LIP, Av. Elias Garcia, n° 14 – 1º, 1000-149 Lisbon, Portugal*

*Fax: +351217934631 or by email sandra@lip.pt*