

REGISTRATION FORM

PERSONAL DATA (workshop participant)

Last name: First name:

Title / Position:

Affiliation:

Address:

Phone: Fax: Email:

I intend to: participate in the conference deliver a paper

Paper IDs:

CONFERENCE FEE

Full registration fee	180 EUR	
Student registration fee	120 EUR	
Accompanying person fee	70 EUR	
Additional paper fee	80 EUR	
Total due:		

BANK ACCOUNT OF THE ACD 2015 WORKSHOP (payment information)

Beneficiary: Zapadoceska univerzita v Plzni, Univerzitni 8, 306 14 Plzen, Czech Republic

Bank address: Komerčni banka, a.s., Na Příkopě 33/ cp 969, 114 07 Praha 1, Czech Republic

SWIFT code (BIC): KOMBCZPPXXX

Account number (IBAN format): CZ0401000000004845500267

Bank code: 0100

Charges details: Our

Variable symbol: 524002YYY (YYY is your paper ID, use 000 if do not submit any paper)

Details of payment: ACD2015, 524002YYY, name of participant

By signing this form, I understand and agree to the terms of ACD 2015 and the terms stated by the IOP Proceedings Publication License.

Date:

Signature: