

Fifth Annual International Workshop
PRESENCE 2002

Universidade Fernando Pessoa
Porto, Portugal - October 9,10,11

Registration Form
(please use only English characters, capital letters)

Fax to: +351-225508269 or Email: fribeiro@ufp.pt and mail with payment to:

Universidade Fernando Pessoa
Praça 9 de Abril, 349
4249-004 Porto-Portugal

Personal data

Mr/Ms/Dr/Prof:

First Name:

Last Name:

Organization:

Dept/Section/Lab/Center:

Address:

City:

Province/State (for US and Canada):

Country:

Postal/Zip/CEDEX Code:

Telephone (country code-city/area code-number):

Fax (country code-city/area code-number):

Email:

Invoice data

Name:

Organization:

Dept/Section/Lab/Center:

Address:

City:

Province/State (for US and Canada):

Country:

Postal/Zip/CEDEX Code:

Telephone (country code-city/area code-number):

Fax (country code-city/area code-number):

Email:

VAT number:

Attendee type

Academic, governmental, or non-profit affiliation ____ 180 EUR

Corporate affiliation ____ 270 EUR

Graduate students ____ 110 EUR

(NOTE: students must provide proof of current full-time student status at the workshop)

Payment form

____ Enclosed is a check(s) for EUR _____ made payable to Fernando Pessoa Foundation.

____ Payment by bank transfer on the __/__/2002

Payment must be in Euro. Registration is accepted and confirmed after receipt of payment.

Signature and date

_____ (dd)/_____(mm)/_____(yyyy)