



REGISTRATION FORM

IEUVI TWG MEETINGS AT SPIE AL 2016

Fairmont San Jose (CA), Crystal room, Sunday Feb 21, 2016

FAMILY NAME

FIRST NAME(S)

.....

.....

Registers for (select one or both):

Time

Fee

IEUVI resist TWG meeting

8.30-12.00

50,- Euro

IEUVI pellicle TWG meeting

13.30-17.00

50,- Euro

BILLING DETAILS :

INSTITUTION

ADDRESS

.....

.....

ZIP CODE/CITY

COUNTRY

.....

.....

VAT NUMBER (only applicable for European companies)

TEL

EMAIL

.....

.....

I herewith give imec, Kapeldreef 75, 3001 Leuven (Belgium) the authorization to withdraw EUR from the following Credit Card as meeting registration fee.

CREDIT CARD : VISA – MC – AMEX

Credit Card number :

CVC code :

Expiration date :

Card holder :

Date :

Signature :

The above used billing details will be used for making the invoice. In case billing preferred to your own name instead of company, leave the "INSTITUTION" blank.