



IALL Conference 2010 Law, Language and the Multilingual State

1-3 November 2010

Registration form: payment by CREDIT CARD

**Please fax this form to: +27 51 444 5804
or e-mail a pdf. version to kotzecz@ufs.ac.za**

*Surname	
**First name	
Gender	
*Affiliation	
Position	
City	
Street and number	
Country	
Postal code	
Telephone number	
Fax number	
*E-mail address	
Website	
Additional information regarding accommodation preferences	
Dietary preferences	
Name of person sharing the room	
Additional information regarding conference	
Cultural Tour	
Conference Publication (Conference Proceedings)	
Additional CD of Conference Photos	





Bank details for payment

Name of bank: ABSA
Name of account: University of the Free State
Type of account: Cheque
Branch code: 630 734
Account number: 157 0850 071
Reference number: IALL115359162
SWIFT code: ABSAZAJJ

Please tick the relevant box

Conference fee

<input type="checkbox"/>	800 € (paid after March 31, 2010, single room)
<input type="checkbox"/>	650 € (paid after March 31, 2010, sharing)
<input type="checkbox"/>	550 € (student fee, sharing only , before and after March 31, 2010)

I would like to receive the conference publication and/or photo CD and will pay:

<input type="checkbox"/>	Conference publication EXCLUDING photo CD	Downloadable PDF	11.50 €
		Including 2.30 € international postage	31.50 €
		Including 1.90 € domestic postage	31.00€
<input type="checkbox"/>	Conference publication INCLUDING photo CD	Including 2.30 € international postage	36.00 €
		Including 1.90 € domestic postage	35.50 €
<input type="checkbox"/>	Photo CD separately	Including 2.30 € international postage	18.00 €
		Including 1.90 € domestic postage	18.50 €
<input type="checkbox"/>	I do not want the conference publication and photo CD		

I shall be attending the cultural tour and will pay:

<input type="checkbox"/>	155 € (single room)
<input type="checkbox"/>	130 € (sharing)
<input type="checkbox"/>	I will not be attending the cultural tour

Total amount to be paid

€





by Credit Card:

	VISA
	Mastercard

Card holder's name:

Card number:

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CVV number:

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Card expiration date:

	I authorize to charge my account for the fees indicated above
	Proof of identification as well as copy of both the front and back of credit card attached

Signature:

Date:

