Environmental and Industrial CFD Simulations, February 23-27, 2004				
Registration Form - Please return by fax to the following number +420-2-8658 4695				
Surname, first name, title:				
Affiliation:				
Postal Address:				
Phone:	<u>Fax:</u>	<u>E-mail:</u>		
Student		Yes	No	
I propose a contribution (obligatory for students)		Yes	No	
Preferred form of contribution		Lecture	Poster	
Author(s): <u>Title:</u>				
Annotation:				
Registration fee payment				
a) By bank transfer (before February 13, 2004)		Yes	No	
b) At the registration desk		Yes	No	
c) ERCOFTAC member (10% reduction)		Yes	No	
d) Do you apply for the Student grant (50-100% reduction)		Yes	No	
<u>Accommodation</u>		<u> </u>		
Date of Arrival				
Date of Departure				

Date Signature