



## REGISTRATION FORM

### IDENTIFICATION

Title  First (Forename) Name  Mid. Init.  Last (Family) Name

Name (To appear on badge)  Organization/Institution (To appear on badge)

Country  Email Address

In case you submitted an abstract, please indicate submission code:

### INVOICE

Name of Institution or Person to appear in the Invoice  VAT Number/Tax Number

Invoice Address

Country



**REGISTRATION TYPE**

	<b>EARLY REGISTRATION</b> (By the 31st March 2024)	<b>LATE REGISTRATION</b> (After 31st March 2024)
Regular Registration Fees	<input type="checkbox"/> 425 Euros*	<input type="checkbox"/> 525 Euros
Student Registration Fees	<input type="checkbox"/> 310 Euros*	<input type="checkbox"/> 410 Euros
Accompanying Person	<input type="checkbox"/> 275 Euros*	<input type="checkbox"/> 345 Euros

\* A 50 Euros discount applies if you are a member of ISEAPA and your membership is up to date at the time of registration. If these conditions apply to you, please, pay only the balance as no refunds regarding this discount will take place.

Are you an ISEAPA member with an up-to-date membership?  Yes  No

**PAYMENT**

Payments are made by bank transfer. Here is the bank information:

Bank transfer to: Universidade do Algarve

IBAN – PT50 0035 0205 0001 1529530 19

BIC SWIFT: CGDIPTPL

Account number: 0205011529530

Bank's name: Caixa Geral de Depósitos

Please indicate "EWEPAlgarve2024" and your full name in the bank transfer. This is very important for checking the payment and provide invoices/receipts.

**OPENING RECEPTION**

The Welcome Reception will be on Tuesday, June 18, 2024, 6:30PM-8:30PM. Admittance to reception is included in the registration fee.

I will participate  I will not participate

**CONFERENCE DINNER**

The Conference Dinner will be on Thursday, June 20, 2024 at 7:30 PM. Admittance to the conference diner is included in the registration fee.

I will participate  I will not participate



**SPECIAL REQUIREMENTS**

Dietary Requirements: We may be able to accommodate some meal requirements. Please indicate any food allergies:

Other requirements: Please indicate any other allergies, or special requirements we should be aware of:

**EMERGENCY CONTACT**

Name

Phone Number

Please, once this registration form is filled, send it to the email [ewepa2024@ualg.pt](mailto:ewepa2024@ualg.pt) with proof of payment and of ISEAPA membership (in case you benefited from the reduced fee). Your registration will be confirmed by e-mail.

**We look forward to welcoming you in Faro!**