

**INDUCED SEISMICITY
ECGS – FKPE WORKSHOP
NOVEMBER 15 – 17, 2010 – HILTON HOTEL LUXEMBOURG
REGISTRATION FORM**

(Please type or print in BLOCKLETTERS)

Name : Prof. / Dr. / Mr. / Mrs. / Ms. _____

Family Name

First Name(s)

Institution / Company : _____

Department : _____

Address : _____

Street address

P.O. Box

City

Postal Code

Province / State

Country

Telephone nr

Fax nr

E-mail

Contribution:

I wish to present the following contribution:

Authors: _____

Title: _____

Preferred presentation type TALK POSTER

PLEASE SUBMIT AN ABSTRACT BY SEPTEMBER 13, 2010 TO induced@ecgs.lu FOLLOWING THE GUIDELINES PROVIDED!

Date of arrival : _____ Date of departure : _____

I participate to the official dinner (free) on Tuesday November 16th YES NO

I prefer Meat dish Fish dish Vegetarian dish

I need an invitation letter to obtain visa YES NO

If YES please let us have the following details :

Date and Place of Birth : _____

Nationality : _____

Passport Number : _____

Registration fee / Method of payment :

Bank Transfer to the account of ECGS, 19 rue Josy Welter, L-7256 Walferdange, Luxembourg
with Banque et Caisse d'Epargne de l'Etat, Luxembourg – account nr IBAN : LU83 0019 1000 3143 5000 - BIC code : BCEELULL

VISA or MASTER card :

Name of Card Holder : _____ Card number : _____

Expiry date : _____ 3 Digits security Nr : _____ Signature : _____

Please e-mail (corine.galassi@ecgs.lu) or fax (+352/33.14.87.88) this form to the Local Organizing Committee