

JOURNÉES LUXEMBOURGEOISES DE GÉODYNAMIQUE

J L G 2 0 1 1

October 24 - 26, 2011 – 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 01, 2011 TO jlg2011@ecgs.lu

Date of arrival : _____

Date of departure : _____

I participate to the official dinner (free) on Tuesday October 25th

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