

FAX

To: Prof. Oscar F. de Lima, Instituto de Física, UNICAMP;
International Workshop on Unconventional Superconductors (U-Super)
Fax Nr: 0055-19-32893137

REGISTRATION FORM

Name: _____
Institution: _____
Address: _____
City: _____ State/Province: _____
Country: _____
Zip Code: _____ Phone Number: _____ Fax Number: _____
E-mail: _____
Accompanying person (if any): _____

FEES

Registration Fee: US\$ 150 (until April 15, 2003) _____
US\$ 200 (after April 15, 2003) _____

The Registration Fee covers attendance to all Technical Sessions, Program and Abstracts Booklet, Welcome Reception, Coffee Breaks and one Cultural Activity.

Room reservation at the Campus Hotel (breakfast included)

Single Room (one person, US\$ 30/day) - Deposit: US\$ 60 _____

Double Room (for two persons US\$ 20/day) - Deposit: US\$ 40 _____

Total fees: US\$ _____

METHODS OF PAYMENT

1) CREDIT CARD VISA

Cardholder's name: _____

Card Number: _____ Expiration date: ___/___/___

Needs a Receipt in the name of: Participant _____ Institution _____

I authorize the charge of US\$ _____ on my Credit Card.

Signature: _____

Please Notice:

Credit cards will be charged in Brazilian currency at the prevailing exchange rate.

Forms without payment do not guarantee your registration neither lower fees.

2) BANK TRANSFER (taxes usually are higher than credit card)

Remit your total USD amount to:

CITIBANK N.A., New York, USA.

Swift Address: CITIUS33, for credit of Account Nr. 10961657 of Banco do Estado de São Paulo S/A - BANESPA, Campinas Branch, SP, Brazil.

Swift Address for final credit to FUNCAMP: BESPBRSPCAS

Details of Payment: C.2772 - EVENTOS/IF/Workshop on Unconventional Superconductors

Remittance made through (name of your bank): _____

Date of remittance: _____