**9th International Workshop on "Microwave Discharges: Fundamentals and Applications"**

**September 7-11, 2015, Cordoba, Spain**

**Registration and Accommodation Forms (MD9)**

All attendants are requested to register by **June 1**.

Registration can be made on this registration form and the completed

form must be sent by e-mail to: md-9@uco.es , together with a duplicate

of the bank transfer invoice.

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| Participant | [ ] Prof. [ ] Dr. [ ] Mr. [ ] Ms. |  |
|  | Family Name      | First Name      | Middle Initial      |
| Mailing Address | Affiliation (Dept., Univ. or Company)      |
|  | Address      |
|  | Postal/ZIP Code      | Country      |
|  | E-mail      |
|  | TEL (include country and area code)      | FAX (include country and area code)      |
| AccompanyingPerson(s) | [ ] Prof. [ ] Dr. [ ] Mr. [ ] Ms. | [ ]  Single room [ ]  Twin room |
|  | Family Name      | First Name      | Middle Initial      |
|  | [ ] Prof. [ ] Dr. [ ] Mr. [ ] Ms. | [ ]  Single room [ ]  Twin room |
|  | Family Name      | First Name      | Middle Initial      |

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| Registration Fee | Category | Fee | No. of Persons | Amount to be Paid |
| Regular | 600/690 € |    |       € |
| Student | 480/550 € |    |       € |
| Accompanying person | 415/475 € |    |       € |
| **TOTAL** |       € |

To complete workshop registration, please make payment of total registration fee by bank transfer.

Payment must be free of bank charges in transfer.

**Bank Transfer**

**Bank name:** Banco Santander

**Account name:** MD9 Local Organizing Committee (Gamero)

**Bank address:** Cr. Madrid-Cadiz, Km 397, S-N , Cordoba, Spain.

**IBAN:** ES67 0049 6710 4621 9024 1130

**SWIFT:** BSCHESMM

**Reference of payment:** Participation in MD-9, *Name of participant*.