**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](mailto:md-9@uco.es) , together with a duplicate

of the bank transfer invoice.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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) | |
| Accompanying  Person(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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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*.