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| **Utterance Interpretation and Cognitive Models V****24-25 September 2015, Brussels** |

**Registration Form**

Please return to UICM5.brussels@gmail.com BEFORE SEPTEMBER, 1st, 2015:

Please use one form per person

**Participant information**

First Name: …………………………………………...

Last Name: ……………...

Affiliation: ………………...

Postal address:

E-mail address:

Phone number:

**Conference fees** (tick as appropriate):

○ ULB Student **Free**

○ ULB Staff **10 Euros**

○ Ba/Ma/PhD Student (please attach a copy of the student card) **50 Euros**

○ Other **80 Euros**

**Conference dinner** (tick as appropriate):

○ I will participate in the conference dinner on Thursday September 24

 (EUR 45,- to be paid in cash on the first day of the conference)

Vegetarian: Yes ○ No ○

Other dietary restrictions:………………………….

○ Accompanying persons:

○ I will not participate in the conference dinner

**PAYMENT DETAILS**:

(Please note: payments by cheque or creditcard are **NOT** accepted)

**Bank transfer to the following account**:

Account name: Université Libre de Bruxelles

IBAN: BE79 2100 4294 0033

BIC: GEBABEBB

***IMPORTANT*: Don’t forget to add the following reference:**

**“4R00B000154 UICM conference + YOUR NAME”**