IAUS321 "Formation and Evolution of Galaxy Outskirts" - PAYMENT FORM

Name & Surname ....

Address ....., ...

Zip Code ..... **City** ..... **State/Country** _____ ..... /

Phone ..... **Fax** ..... **E-mail** _____

Affiliation / Institution COMPANION

PAYMENTS

Please, circle the options that you are interested and write the total amount at "TOTAL DUE"

Welcome cocktail @ Convento - Monday night (+10€/pax)**10,00 €**

"El Greco" guided visit - Monday (18:30-20:30) (+25€/pax)**25,00 €**

"Sefarad (Jewish quarter)" guided visit - Tuesday (18:30-20:30) (+25€/pax)**25,00 €**

"Cathedral and Legends" guided visit - Wednesday (16:00-18:00) (+15€/pax)**15,00 €**

Symposium dinner companion (+75€/pax)**75,00 €**

TOTAL DUE: _____

RECEIPT DETAILS (in case you require acknowledgement of registration and payment)

Institution _____ Name & Surname _____

BILLING address (if different from registration details)

Address _____

Zip Code _____ City _____ Country _____

Phone_____Fax_____E-mail_____

METHOD OF PAYMENT (include "IAUS321" and the participant's "Full name" in your payment)

☐ **By credit card.** I the undersigned authorize FG UCM to charge my credit card with the total amount stated above

☐ Visa ☐ Mastercard

Card number ___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/ Expiration date: ___/___ CVC: _____

Cardholder Name: _____

Place and Date: _____ Signature: _____

☐ **By bank transfer to FG UCM. Bankia**. Account No. 2038 / 1735 / 91 / 6000402693 (SWIFT CAHMESMMXXX, IBAN ES90). Please indicate "free of charges for the receiver account".

FAX THIS FORM TO +34 913946405 OR E-MAIL IT TO congresosfg@rect.ucm.es BY FEB. 1ST 2016