

CONFERENCE REGISTRATION FORM

**Conference on Financial Engineering**

**20-21, October 2011**

*Please complete the below form and return it by e-mail.*

*Please note that this is how you will be indicated on your badge*

*and among the list of participants (i.e. Full Name, Title and Affiliation).*

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| **PARTICIPANT INFORMATION** | |  | |  | |  |
| Full Name |  | | | | | |
| Title |  | | | | | |
| Institution/Affiliation |  | | | | | |
| Address |  | | | | | |
|  | *Postal Code:* | | *City:* | | *Country:* | |
| Phone | **Please also provide your most accessible phone number in the case of an emergency (i.e. next of kin).** | | | | | |
| E-Mail |  | | | | | |
| Paper Title | *If you are submitting a paper, otherwise leave blank.* | | | | | |

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| **CONFERENCE FEE** | |  |  |
| Registration fee is paid | *(100€)\* Yes: No:*  *(40€)\* Yes: No:*  **Please choose the applicable and delete the other to confirm that you have paid/transferred the registration fee to the bank accounts provided. If you prefer to pay upon your arrival a late registration rate will be applied.** | | |

*\*The paper presenters have to pay full registration fee which is 100€. Others may choose to pay 40€ which only includes coffee breaks and notepad & pen.*

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| **ACCOMODATION & SOCIAL ACTIVITY PREFERENCES** | |  |
| I will make my own arrangement  *(If “No”, please specify your hotel choice to let us make your reservation)* | *Yes: No: (Hilton / Mövenpick / Crowne*  *Plaza / Balçova Thermal /*  *Swissotel / Kaya Izmir)* | |
| Arrival date | *Optional* | |
| Departure date | *Optional* | |
| I’ll join social activities  (an exclusive arrangement with a tourism agency; rates will be paid by participants separately | *Yes: No:* | |

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| **Additional Instruction** |
| Should you have any problem regarding registration process, please contact the conference secretariat via email ( [finconference@ieu.edu.tr](mailto:finconference@ieu.edu.tr) / [finengconference@gmail.com](mailto:finengconference@gmail.com) ). |

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| **Do you have any problem you want to convey?** |
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| **Please state if you have any special requirements**  **(i.e. wheelchair, dietary requirements, etc.)** |
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*Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_*