

PMAC 2009

Norwegian University of Life Sciences, Aas, Norway

4- 8 DECEMBER 2009

Registration Form

Deadline: 15th September, 2009

SURNAME:

FIRST NAME:

INSTITUTION:

ADDRESS:

CITY:

POSTAL CODE

COUNTRY:

TELEPHONE:

FAX:

E-mail:

Presentation:

POSTER

ORAL

NONE

Title of presentation:

Dietary requirements:

Vegetarian:

yes

no

Other: (please give details below)

yes

no

REGISTRATION (prices per person): Includes book of abstracts, get together, coffee breaks, lunches, workshop dinner.

REGISTRATION FEE

PRICE PER PERSON

Full Rate

NOK 4500

Student Rate

NOK 2500

My registration fee NOK

PAYMENT

Payment directly through bank

Please pay registration fee to the following bank account number through an internet bank account or directly through your bank, indicating

YOUR NAME,

PMAC2009.

ACCOUNT NO: 7694 05 12510

SWIFT CODE: DBANOKK

IBAN NO: NO8976940512510.

Payment by credit card

Your payment of the Registration fees for the Seminar PMAC2009:

Your name: _____ (Block letters)

Type of credit card: Visa Master Diners

Card No. _____ Expire date _____ Amount NOK _____

CVC2 security code*) _____

*) We need the CVC2 security code. The digital code is found on the back of your credit card:
yyyy xxx(xxx=cvc2 code)

Signature _____

A receipt for payment of the registration fee will be sent as an e-mail to your address.

NB: Accommodation has to be paid directly to the hotel.

**This registration form should be completed and sent by September 15th, 2009
either by e-mail or fax to**

PMAC SECRETARIAT:

Liv Korslund

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**For more Information please visit the Conference Website:
<http://www.umb.no/conferences/article/pmac2009>**