



**International conference
on structural health assessment
of timber structures**

Lisbon • 16-17 June 2011

Registration form

Please submit this form to the Conference Secretariat by e-mail (shatisdesk@lnec.pt), or by fax (+351 21 844 30 14). Please note that the confirmation of registration can only be issued after receipt of the payment.

1. Participant information

Title:
 Last name: First name:
 Institution:
 Address:
 City and zip code: State and Country:
 Tel: Fax: E-mail:

2. Conference fees

	Standard	Endorser member ¹ or CIMAD 11 participant ²	Student ³
Early registration (before 2011/03/31)	300 EUR	270 EUR	200 EUR
Late registration (after 2011/03/31)	400 EUR	360 EUR	280 EUR

¹ SHATIS'11 endorser: RILEM, ISCARSAH, ICOMOS-IWC, GECORPA and IGESPAR.

² Participants who attend both SHATIS'11 and CIMAD 11 conferences.

³ Students shall provide a certificate confirming they are in a Bachelor or Master programme (in 2010/2011). Doctoral students are also eligible for the reduced student fee, up to a limit of 20 registrations – please contact the Conference Secretariat prior to registering (shatisdesk@lnec.pt).

Endorser member: RILEM ISCARSAH ICOMOS-IWC GECORPA IGESPAR
 CIMAD 11 participant (Coimbra, 2011/06/7-9): Student:
 Number of accompanying persons: (the price of the conference dinner for each accompanying person is 65 EUR)

3. Payment

Method of payment: **Bank transfer** **Credit card** **Cheque**

Bank transfer (free of bank charges)

NIB: 0018 0365 002000 10582 22
 IBAN: PT 50 0018 0365 002000 10582 22
 Swift code of the Bank: TOTAPTPL
 Santander Bank Portugal – Largo Frei Heitor Pinto, 7-A/B – P-1700-204 Lisbon
 Account holder: FUNDCIC Account holder address: Av. Brasil 101, 1700-066 Lisboa, Portugal
 In the amount of EUR
 A copy of the bank transfer should be attached to this form

Credit card – Total amount to be credited: EUR

Visa **Mastercard**
 Name of Cardholder:
 Credit card number: Exp. Date: / /
 Safety code (last 3 digits on the signature area on the back of your card):
 Authorised signature: Date: / /
 American Express
 Name of Cardholder:
 Address of Cardholder:
 Credit card number: Exp. Date: / /
 Safety code (4 digits on the front of your card above the card number):
 Authorised signature: Date: / /

Cheque (only for participants having a bank account in Portugal)

Cheque number
 Name of bank
 In the amount of EUR, payable to "FUNDCIC"

Please note that all the payments have to be "free of any charges for the recipient". Any charges that arise have to be borne by the sender.

Date: / / Signature: