



16-18 August, 2009, Shahrood, Iran



## REGISTRATION FORM (page 1)

To be completed and returned via e-mail [icwr2009@Shahroodut.ac.ir](mailto:icwr2009@Shahroodut.ac.ir) or fax +98 273 3335509,  
This form is for any one who is interested in attending the conference

### 1. Personal Details

Title	<input type="text"/>	Reg. No.	<input type="text"/>
Name	<input type="text"/>		
Surname	<input type="text"/>		

Postal Address	<input type="text"/>
Postal Code	<input type="text"/>
City /Province	<input type="text"/>
State / Country	<input type="text"/>

e-mail	<input type="text"/>
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Organization	<input type="text"/>
Full address:	<input type="text"/>
	<input type="text"/>
Contact Phone	<input type="text"/>
Fax	<input type="text"/>

### 2. Accompanying Persons

Person 1	<input type="text"/>
Person 2	<input type="text"/>
Person 3	<input type="text"/>

### 3. Paper Submission

Title of paper	<input type="text"/>
	<input type="text"/>
Topic number	<input type="text"/>



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### REGISTRATION FORM (page 2)

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#### 4. Conference Fees for International participants

[ ]	<b>Academics-</b> early registration <u>before</u> 31 May 2009	<b>€ 300.00</b>
[ ]	<b>Academics-</b> late registration <u>after</u> 31 May 2009	<b>€ 350.00</b>
[ ]	<b>Students-</b> early registration <u>before</u> 31 May 2009	<b>€ 100.00</b>
[ ]	<b>Students-</b> late registration <u>after</u> 31 May 2009	<b>€ 150.00</b>
[ ]	<b>Accompanying Person</b>	<b>€ 100.00</b>

(Students will need to show student ID at registration desk)

#### 5. Conference Fees for National participants

[ ]	<b>Academics-</b> early registration <u>before</u> 31 May 2009 (plus Rls 500,000 for late registration)	<b>Rls 1,000,000</b>
[ ]	<b>Students-</b> early registration <u>before</u> 31 May 2009 (plus Rls 200,000 for late registration)	<b>Rls 500,000</b>

#### 6. Field Trip Fees

[ ]	<b>International Participant</b> (Rls 200,000 for national participants)	<b>€ 50.00</b>
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#### 7. Payment Details

##### Payment should be done by Bank Transaction

ACCOUNT HOLDER: Shahrood University of Technology  
 BANK: Melli Bank, SIBA account      ACCOUNT NUMBER: 02178612988005  
 BANK code: -

Please, send a copy of your payment receipt with this form via fax or e-mail

**Payment Code/No** \_\_\_\_\_

**Date of Payment** \_\_\_\_\_

**Amount**      € \_\_\_\_\_

I declare that the information provided is correct and that I am personally responsible for all fees due in respect of my registration to attend the ICWR 2009 conference

Signature:

Date: