

Registration form

International Workshop on Traffic Management and Traffic Engineering for the Future Internet
(FITraMEn 08)

Porto, Portugal, 11-12 December, 2008

Venue: Porto Palácio Hotel

Please fill in the form, sign it, and send it via FAX to InterVisa:

Fax: (+351) 234 386 767

Title (Student/Prof/Dr): _____	First Name: _____	Last Name: _____
Paper EDAS number: _____		
Institution: _____		
Street Address: _____		
City: _____	Zip code: _____	Country: _____
Phone: _____	Fax: _____	Email: _____

A. Workshop Registration Fees

The registration fees include: attendance to the workshop, coffee breaks, social event and the CDrom proceedings.

EuroNF member Partner number: _____	Free	_____ €
Non EuroNF member	180 €	_____ €
Additional Gala Dinner	80 €	_____ €

TOTAL A: _____ €

Please indicate dietary restrictions: _____

B. Hotel Pre-Booked (LIMITED AVAILABILITY)

Porto Palácio Hotel

(All taxes are included in conference special prices)

Arrival date _____ Arrival time _____

Departure date _____ Departure time _____

Number of nights: _____

- Single Room (executive)110 € x ___ nights = _____ €

- Double Room (executive)130 € x ___ nights = _____ €

TOTAL B: _____ €

TOTAL (A+B): _____ €

Date and Author's Signature: _____

MAIL ORDER

NOME _____
Name

DATA DE NASCIMENTO _____
Date of birth

RESIDENCIA _____
Residence

TITULAR DO CARTÃO (Title holder of card) - VISA – MASTERCARD – AMERICAN EXPRESS

Numero _____ Com validade até _____
Number Validity until

Declaro que autorizo a INTERVISA-VIAGENS E TURISMO INTERNACIONAL LDA, debitar no meu cartão o valor de
I declare that authorize to charge my credit card with the amount of

EUROS € _____ (_____

Para pagamento de _____
For the payment of

DATA _____ DE _____ DE 200__
Date

Assinatura Autorizada
Authorized signature

03 Últimos algarismos do número que está impresso no verso do cartão na zona de assinatura _____
The 03 last numbers that are printed on the back of the card in signature zone

