## Please mail, fax of e-mail this registration form along with a copy of the bank transfer to:

Prof. Javier Cuadrado Escuela Politécnica Superior Universidad de La Coruña Mendizábal s/n, 15403 Ferrol, Spain.

Fax: +34 - 981337410

Family Name:

E-mail: javicuad@cdf.udc.es

## Registration Form (participants from non Spanish institutions):

	First Name:	Title:	
	Passport No.:		
	Institution:		
	Address:		
	Country:		
	Phone:		
	Fax:		
	E-mail:		
	Date of bank trans	fer:	
	Amount transferre	d:	
	I will present the p	paper entitled:	
		onference dinner (Wednesday 15):	☐ Yes ☐ No
	I will attend the to	ur in Santiago de Compostela (Thursday 16):	☐ Yes ☐ No
Bank	transfer to:		
	Bank Account No.	Banco Santander Central Hispano 0049 5030 15 2516011262	
	IBAN-SWIFT	ES76 0049 5030 1525 1601 1262	
	BIC	BSCHESMM	
Date		Signature	