Please mail this registration form along with the blue copy of the bank transfer form to:

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

Registration Form (participants from Spanish institutions):

	Family Name: First Name: N.I.F.:	Title:	
	Institution:		
	Address:		
	Country: Phone:		
	Fax: E-mail:		
	Date of bank tra Amount transfer		
	I will present the paper entitled:		
		Conference dinner (Wednesday 15): tour in Santiago de Compostela (Thursday 16):	☐ Yes ☐ No ☐ Yes ☐ No
Date		Signature	