

→ Registration Form

Kindly return this form either by fax or as a scanned email attachment, preferably **before Wednesday, March 22, 2017**. Please use one form for each registrant!

European Centre of Tort and Insurance Law/Institute for European Tort Law

Reichsratsstrasse 17/2, 1010 Vienna, Austria, **Fax: (+43-1) 4277-29670, Email: ectil@ectil.org**.

.....
Full Name

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Organisation

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Address

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Telephone

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Email

I hereby register for the **16th Annual Conference on European Tort Law** in Vienna from **Thursday, April 20, 2017 to Saturday, April 22, 2017**.

- ☐ I will attend the reception on Thursday, April 20, 2017 (included in the fee).
- ☐ I will attend the Heurigen evening on Friday, April 21, 2017 (Eur 39 extra).
- ☐ I would like to receive the MOTEL ONE WIEN booking form to make a room reservation.

Conference Fees (including Conference materials, reception, buffet lunch on Friday and refreshments):

- ☐ Supporting Member* Eur 250 for the first participant (includes one volume of the Yearbook), **early booking discount fee for registration by February 22, 2017: Eur 200**; EUR 100 for additional participants (Conference only; Yearbook optional at approx. Eur 85 extra)
- ☐ Non-Member Eur 500 (includes one volume of the Yearbook), **early booking discount fee for registration by February 22, 2017: Eur 400**
- ☐ University Staff and Judges Eur 80 (Conference only; Yearbook optional at approx. Eur 85 extra), **early booking discount fee for registration by February 22, 2017: Eur 70**
- ☐ Jurists in training Eur 40 Conference only; Yearbook optional at approx. Eur 85 extra) **early booking discount fee for registration by February 22, 2017: Eur 35**

**In order to qualify for the Supporting Member's fee, you must be a current Supporting Member of ECTIL with all applicable annual fees paid (see www.ectil.org for details).*

- ☐ I will pay the Conference fee no later than April 5, 2017 by the following method:
Please charge the applicable fee to the following credit card account:
☐ VISA ☐ Mastercard ☐ Diners Club

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Full Name

.....
Credit Card Number

.....
Expiry Date

- ☐ I will transfer the fee to the following bank account (free of charges for recipient):
European Centre of Tort and Insurance Law
Unicredit Bank Austria, IBAN AT92 1100 0086 4532 6300, BIC: BKAUATWW

I am aware that **cancellations** must be made in writing before **April 10, 2017** in which case I will receive a refund (less Eur 20 administration charge). Refunds will not be considered for requests received after this date.

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Date

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Signature