

REGISTRATION FORM

27th Congress of the International Council of the Aeronautical Sciences

19 – 24 September 2010, Nice, France

PLEASE RETURN TO:

3AF – ASSOCIATION AERONAUTIQUE
ET ASTRONAUTIQUE DE FRANCE
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Please download this form from <http://www.ICAS.org> or www.ICAS2010.org
and type or print clearly in **Block Capitals**.

Personal Details

Family Name: _____ First/Given Name: _____

Title: Prof. Dr. Mr. Ms. Other: _____ Position: _____

Organisation: _____

Department: _____

Address: _____

City: _____

Post/Zip Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____

ICAS Member Society/Associate (if applicable): _____

Authors – please note your paper(s) ID number _____

Session chairmen – please note your session number _____

Mobile Phone No and/or hotel staying at (only applicable to authors/session chairs): _____

Students

I verify that this delegate is a full-time student studying at: _____

Institution: _____ Department of: _____

Signed: _____ Date: _____

Name: _____ Position: _____

Student registration No: _____

Accompanying Person(s)

(1) _____ (2) _____ (3) _____

REGISTRATION FEES INCLUDE

FULL DELEGATES: Attendance at the Congress sessions, coffee / tea, lunch each day, Welcome Reception on Sunday, Congress Reception on Monday, proceedings on CD-ROM, Congress bag, name badge.

STUDENT AND RETIRED PERSONS – Same as Full Delegates

ACCOMPANYING PERSONS: Attendance at Welcome Reception on Sunday, Congress Reception on Monday evening.

(1) REGISTRATION FEES (European EUR)

Type	Number	Before June 15	Before August 01	on-site	Total (EUR)
Member*	_____	740	885	975	_____
Non-Member*	_____	900	1090	1175	_____
Student*	_____	130	150	170	_____
Retired (> 65)	_____	500	550	600	_____
Acc. Person(s)*	_____	50	50	50	_____
Extra CD-ROM	_____	120	120	120	_____

(* Please refer to General Information Conditions

Sub total _____

REGISTRATION FEES NOT SUBJECT TO VAT

(2) CONGRESS FUNCTIONS

Date	Function	Cost	No. of Tickets	Total (EUR)
Sun 19 Sept.	Welcome Reception	Incl. for delegates, students & accompanying persons		
Mon 20 Sept.	Congress Reception	Incl. for delegates, students		
Tue 21 Sept.	Student Party	10 EUR	x _____ =	_____
	Extra Ticket	15 EUR	x _____ =	_____
Thu 23 Sept.	Congress Banquet	90 EUR	x _____ =	_____
	Full-Table-Choice	900 EUR (= 10 persons)		_____

Sub-total _____

(3) TECHNICAL TOURS FRIDAY 24 SEPT.

(PLEASE CHECK LATEST INFORMATION ON THE WEBSITE BEFORE YOU FILL THIS PART)

Subject to availability - please fill in

A: 50 EUR _____ X _____ = _____ Total (EUR)

COMPULSORY INFORMATION for the TECHNICAL TOUR TICKET

Passport N° _____ Nationality _____

Date of Birth _____ Place of Birth _____

Date of Issue _____ Date of expiry _____

(4) PRE CONGRESS & ACCOMPANYING PERSONS TOURS

Please book online at www.icas2010.com/tours or contact directly icas2010tours@matheztravel.com

SUMMARY OF PAYMENT

Total Payment Enclosed (1) + (2) + (3) = EUR _____

Methods of Payment: All payments should be made in European EUR.

Bank Transfer Payment can be made by bank transfer into Bank Name: Société Générale Agence AG , Address: 43-45 Av Kléber, 75784, Paris-France, account number: 30003-03300-0037260771-18, (IBAN FR76 3000 3033 0000 0372 6077 118), SWIFT: SOGEFRPP.

Please, fill in purpose for bank transfer "Participants Name".

Credit Cards Visa, Master Card and American Express are accepted. Hereby I authorize 3AF to charge my credit card.

Card No: _____ Expiry Date (MM/YY) _____/_____

Card Holder: _____ CID (last 3 digits on back of card): _____

Signature: _____

Note: Cancellations must be reported in writing to 3AF before 1 August 2010 in which case registration fee will be refunded except for a cancellation fee of 100 EUR. Cancellations received after 1 August will not be refunded. Cheques are not accepted.