PRIFYSGOL ABERYSTWYTH UNIVERSITY

WORKSHOP REGISTRATION FORM

Second Remote Sensing of the Inner Heliosphere Workshop

06-10 June 2011

Old College, Aberystwyth University, King Street, Aberystwyth, SY23 2AX, Wales, United Kingdom

1. Participant information

Title: ☐ Prof. ☐ Dr. ☐ other: _____ and/or ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss

Surname/Family name: _____ First name and initials: _____

Department and Organisation: _____

_____

Street Address: _____

City: _____ Postcode: _____ Country: _____

Telephone: _____ Fax: _____ E-Mail: _____

2. Workshop Fee & Payment

Workshop fee (GB Pounds Sterling - £) includes admission to all workshop sessions, morning & afternoon teas/coffees/refreshments, Thursday's social events, and any workshop materials.

Workshop Fee: Up until 06 May 2011 £85 After 06 May 2011 £110 (**DEADLINE 20 May 2011**)

Number of accompanying guests: _____

(For accompanying guests wishing to take part in all the Thursday social events please add £60 each)

Total payment due: £ _____

I will pay the amount (please choose one of the three options listed below):

☐ By cheque: Please make cheque payable to **Institute of Mathematics & Physics (IMAPS)**
NOTE: All cheques must be in GB Pounds Sterling. If you use this method send the cheque with the registration form to address given below to arrive before the deadline. Please make sure to quote reference: IMAPSHELIO

☐ By direct payment to our bank:
NOTE: If you are paying by this method, you can submit registration form electronically, in pdf format, by E-Mailing it to Mario.Bisi@aber.ac.uk with the subject IMAPSHELIO-<YOUR SURNAME>, or by post to the address over the page:

University's Bank Details are:

Bank	HSBC
Branch	19 Great Darkgate Street, Aberystwyth, SY23 1DE
Sort Code	40-08-09
A/C No.	01197339
A/C Name	Aberystwyth University General A/C

If bank transfers are being made from abroad the University's International Bank Account Number (IBAN) will also need to be quoted along with the SWIFT Bank Identification Code (BIC):

IBAN GB41MIDL40080901197339
BIC MIDLGB2115W

Please ensure that you quote IMAPSHELIO-<YOUR SURNAME> (*e.g.* IMAPSHELIO-BISI) with each transfer. If you have any queries in respect of bank transfers please contact our Cashiers Office on +44-1970-622043 or +44-1970-622040.

☐ By credit/debit card (VISA and MASTERCARD only):
NOTE: If you use this method of payment please DO NOT send this form back to us via E-Mail.
FAX IT ONLY TO: +44-1970-622826 marked Confidential – FAO Dr. Mario M. Bisi on a cover sheet!

Participant Name: _____

Reference: IMAPSHELIO

Name of Cardholder: _____

Card Number: _____

Valid From Date or Issue No. _____ Expiry Date: _____

Type of Card: _____ Postcode/Zip: _____

Security Code: (last 3 digits) _____ House Number: _____

Amount: £_____

Telephone/Contact Number: _____

3. Workshop Accommodation

All participants are responsible to make their accommodation arrangement.
Please see *http://heliosphere2011.dph.aber.ac.uk/conf.shtml* for information.

Communication Address:

Dr. Mario M. Bisi (IMAPSHELIO), Institute of Mathematics & Physics (IMAPS), Aberystwyth University, Penglais Campus, Aberystwyth, SY23 3BZ, Wales, United Kingdom

Refund policy: Please notify the workshop organisers in writing (per post or per e-mail) of cancellations. We will refund the total conference fee, less £5 administration costs, for cancellations ***received*** on or before **27 May 2011**. No refunds can be issued after this time. Please allow for a minimum of 10 days for processing of refund requests. If you cannot attend, you may also send a substitute person. The original registrant must submit a written authorization for such a change.

By sending in this registration form, I acknowledge that I commit myself to the immediate payment of the conference fee. I have taken notice of the cancellation terms on this form.

Signature: _____ Date (DD/MM/YYYY): _____