



EHE 2014

5th International Conference on Electromagnetic Fields, Health and Environment
24th - 26th April, 2014. Porto, Portugal



INDIVIDUAL REGISTRATION FORM

Please, complete this form and send it to: ehe2014-secretariado@apdee.org

(Space to be filled by the Conference Organizer)

TYPE OF REGISTRATION

Author Co-Author MSc Student* PhD Student* Participant Accompanying

* The Students (MSc and PhD) must send a document attesting his/her condition of student, along with this form.

PERSON IDENTIFICATION

<input type="text"/>	<input type="text"/>
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Special Dietary Requirements:

IMPORTANT INFORMATION REQUEST

<input type="text"/>	<input type="text"/>	Number of Nights:	<input type="text"/>
Accompanying Person(s): <input type="text"/>			
<input type="text"/>			

REGISTRATION FEE

Type of Registration	Up to 31/December/2013	After 01/January / 2014
Authors or Co-Author (1 communication) *	430,00 €	500,00 €
Each additional page (up to +2)	20,00 €	25,00 €
Additional Communication	120,00 €	140,00 €
Students (MSc, PhD) **	300,00 €	400,00 €
Participants *	460,00 €	520,00 €
Accompanying Persons ***	210,00 €	250,00 €

Fee includes: * Admission to all Scientific Sessions, Proceedings (CD-Rom/Pen Drive), Coffee Breaks, Lunches, Welcome Reception and Gala Dinner. ** Admission to all Scientific Sessions, Proceedings (CD-Rom/Pen Drive), Coffee breaks, Lunches. *** Admission to Lunches, Welcome Reception and Gala Dinner.

DATA FOR INVOICE

(to send the invoice)

METHOD OF PAYMENT

IMPORTANT: After payment, please send a copy of the document to: ehe2014-secretariado@apdee.org, with subject "**ehe2014 payment document**".

1. Bank Transfer:

Account Name: RIANDA RESEARCH

Bank: Banco Popular

Address: Av. Fernão Magalhães 170, Centro Comercial D. Dinis, 3000-171 Coimbra, PORTUGAL

NIB: 0046 0221 0060 0235 6137 6

IBAN: PT50 0046 0221 0060 0235 6137 6

Swift Code: CRBNPTPL

IMPORTANT: The names of the participants must be **CLEARLY indicated on the bank advise**. Please note that all **BANK CHARGES must be covered by participants** and may not be deduced from the remitted amount.)

2. PayPal (by Credit Card):

Payments by Credit Card through PayPal should **ADD EXTRA 10 Euros for BANK CHARGES per paper**.

PAYMENT AND CANCELLATION POLICY FOR REGISTRATION

Cancellation of the registration is accepted if informed by e-mail or by fax **until 14th March 2014**. It will be reimbursed 90% of the amount received, and the other 10% will be kept to cover handling and administration costs. The reimbursement will be done after the Conference. **After 14th March 2014**, cancellation requests will not be accepted and reimbursements are not allowed, although the documentation will be mailed to the participants that made the payment of registration fees.

Herewith, read and accept the above-mentioned payment and cancellation conditions.

Date: _____

Signature: _____

(Please, complete this form and send it to: ehe2014-secretariado@apdee.org)

EHE2014 Conference Contacts:

Address: Rua Eládio Alvarez, Picoto dos Barbados, Apartado 4102, 3030-281 Coimbra, PORTUGAL

Telephone: (+351) 239 780 237; Fax: (+351) 239 701 543; e-mail: ehe2014-secretariado@apdee.org; URL: www.apdee.org/conferences/ehe2014