**2016 ISfTE REGISTRATION FORM**

|  |  |
| --- | --- |
| Title |  |
| First (Given) Name |  |
| Middle Name |  |
| Last (Family) Name |  |
| Gender |  |
| Preferred name for badge |  |
| Affiliated Institution |  |
| Correspondence Address: |  |
|  |
|  |
| Zip / Postal code (if any) |  |
| Country |  |
| Contact Telephone Number  (Country code – Area code – Tel no. |  |
| Fax n. (country code (if any) |  |
| Email address |  |
| Special dietary requirements |  |
| Have you submitted your Abstract? Y/N |  |
| Registration Fee for Seminar Delegates Payment Methods |  |
| Flight Arrival Date (dd-mm-yyyy) |  |
| Flight Arrival Time (hh:mm) |  |
| Arrival Flight Number |  |
| Flight Departure Date (dd-mm-yyyy) |  |
| Flight Departure time (hh:mm) |  |
| Departure Flight Number |  |
| Accompanying Person |  |
| Special dietary requirements |  |
| Registration Fee for Accompanying Person |  |
| Accommodations Arrangement |  |