**S L C S - 1 0  R e g i s t r a t i o n  F o r m**

**10th International Conference of Shallow Level Centers in Semiconductors**

**Warsaw, Poland, 24-27 July 2002**

Please complete this form using CAPITAL LETTERS and send to:

Dr. Ryszard Buczko, Institute of Physics PAS
Al. Lotników 32/46, 02-668 Warsaw, Poland
or to fax (+48 22) 843 09 26, or to e-mail: slcs-10@fuw.edu.pl

Title:  

[ ] Prof.  [ ] Dr.  [ ] Mr.  [ ] Mrs.  [ ] Ms.

Affiliation  

 ...........................................................................................................................................

(Dept. Univ. or Company)

Mailing address:  

 ...........................................................................................................................................

Street  

 ...........................................................................................................................................

Country  |  Postal Code  |  City

| Tel. | Fax | e-mail |

(include country and area code)  (include country and area code)  

Accompanying person  

Mr./Mrs./Ms.  

 First name  |  Middle Initial  |  Last Name

Registration fee (before 30 May 2002)  220 USD / 250 EUR

Late registration (after 30 May 2002)  300 USD / 340 EUR

Registration fee for Accompanying person  50 USD / 55 EUR  (Reception and dinner)

Student registration fee  140 USD / 160 EUR

<table>
<thead>
<tr>
<th>Total</th>
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Students should include copy of Student ID Card or letter of confirmation.

Total amount will be paid as follows:

[ ] By Bank transfer to:  

Warsaw University
BIG BG S.A.
I/O Warszawa

(account number: 11601029-30506087)

For non US banks only:  

Swift code BIGBPLPW  

For EUR use  

(account number: 11601029-30506007)

Please indicate on the transfer „SLCS-10”.

Please note that the bank account for registration fee is DIFFERENT from that for hotel payment.

All bank charges must be paid by the participant.

If the remitter’s name differs from the participant’s name, please state clearly the name of the participant.

OR

By credit card:  

[ ] Visa  [ ] Eurocard / Mastercard

When the registration fee payment is made by credit card, the form should be sent by post or fax (not e-mail).

Card number:  

[ ]

Cardholder Name  

[ ]

Expiration Date  

[ ]

Date  

[ ]

Signature  

[ ]

NO CHEQUES WILL BE ACCEPTED