SLCS-10 Registration Form

of Shallow Level Co	Dr. Ryszai	Dr. Ryszard Buczko, Institute of Physics PAS					
in Semiconducto Warsaw, Poland, 24-27		ów 32/46, 02 ⊦48 22) 843 (/arsaw, Poland or to e-mail: <u>slcs-10@fuw.edu.</u> p			
Title: Prof.	Dr.	Mr.	Mrs		Ms.	sies rociaw.	····
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First name Middle	Las	t Name					
Affiliation							
(Dep	ot. Univ. or Com		••••••	•••••	•••••••	••••••	
Mailing address:							
· ·	2	Street					
Country	Postal Cod	<u>de</u>	City				
Tel.: (include country and area code)	Fax: (include country	y and area code)		e-mail:			
Accompanying person							
Mr./Mrs./Ms.							
First name	Middle Ii	nitial	Last Nai	me	Doze	****	
Registration fee (before 30 M	av 2002)	220 USD /	250 EUR		Pay	ment	
Late registration (after 30 May 2002)		300 USD / 340 EUR					
Registration fee		50 USD / 55 EUR					
for Accompanying person	(Reception and diner)						
Student registration fee	140 USD / 160 EUR						
Total							
Students should include copy of Stu	dent ID Card o	or letter of cor	ıfirmation.				
Total amount will be paid as follows:							
By Bank transfer to:	Warsaw U BIG BG S	•					
	I/O Warsz						
(for USD use) -							
(for EUR use) - For non US banks only: -				007			
Please indicate on the transfer "S		C BIODI EI	•				
Please note that the bank account	for registrati		FERENT fr	om that	for hotel pa	ayment.	
All bank charges must be paid by If the remitter's name differs from			olease state o	clearly th	e name of	the participant.	
OR		_		•			
By credit card: Visa	ſ	Eurocard	/ Mastercard	[
When the registration fee paymen	•				nt by post	or fax (not e-mai	il).
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Card number:							
Cardholder Name	•••••			Expiration			
Date		 lignature	•				