



**– REGISTRATION FORM –**

*Please type or write clearly. Confirmation will be by e-mail only – make sure that it is legible!*

**INFORMATION:**

<b>Registration deadlines:</b>	<b>Early</b> – before 23 <sup>rd</sup> February 2007 <b>Late</b> – after 23 <sup>rd</sup> February but before 23 <sup>rd</sup> March 2007 <b>On-site</b> – ALL registrations after 23 <sup>rd</sup> March 2007 Payment at on-site registration rate <b>in cash (Euro) only</b>
<b>Registration categories:</b>	You must be a paid-up Full or Student member of ECS for 2007 to qualify for member rates. A membership form is available at the conference web site. <b>Registration fee does not include membership fee!</b>

Family Name:	<input type="text"/>	First Name:	<input type="text"/>
Institution/ Affiliation:	<input type="text"/>	Country:	<input type="text"/>
Mailing address:	<input type="text"/>		
	<input type="text"/>		
Phone:	<input type="text"/>	Fax:	<input type="text"/>
E-mail:	<input type="text"/>		

Registration category:	Early (postmarked by 23 <sup>rd</sup> February)	Late (postmarked by 23 <sup>rd</sup> March)	On-site, (cash only)
Full member *	Euro 125	Euro 175	Euro 200
Student member *	Euro 60	Euro 90	Euro 100
Non-member	Euro 200	Euro 250	Euro 300
Banquet & Dancing **	Euro 45	Euro 45	Euro 45
Dancing only **	Euro 10	Euro 10	Euro 10

**TOTAL DUE:**  **Euro**

\* Does not include membership fee! You have to be a paid-up member for 2007 to qualify for member rates.  
A membership form is available on the ECS web site (<http://www.EuropeanCetaceanSociety.EU/ecs>).

\*\* Optional, Banquet and Dancing will take place on Wednesday evening, 25<sup>th</sup> April

I enclose:  a bank transfer order in Euro (please make sure that the amount includes bank charges) to:

Account: **Dr. Roland Lick, ECS; Postbank Hamburg (Germany)**

National: **Account No: 789 584 205, Bank Code: 200 100 20**

International: **IBAN-Account No: DE21 2001 0020 0789 5842 05, SWIFT-Code: PBNKDEFF 200**

Visa *(only Visa is accepted, no other credit cards !!)*

Card No:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	Exp. Date	<input type="text"/>	/	<input type="text"/>
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Print name as it appears on credit card:

Signature of cardholder:

<input type="text"/>
<input type="text"/>

Mail or fax completed registration form and payment to:  
**Roland Lick, Kaiserstr. 27 B,  
D-24143 Kiel, Germany  
Fax: + 49- (0)32 - 22106 7524**