



REGISTRATION FORM – 28th SUERF COLLOQUIUM

Utrecht University School of Economics, Janskerkhof, Utrecht, 3–4 September 2009

Title:	Forename:	Surname:
Position:		
Department:		
Institution:		
Address:		
Post Code:	City:	Country:
Phone:	Fax:	
E-mail:		

SUERF Member: Personal Staff of Corporate Academic Institution Non-Member

I would like to take part in 1st Choice **Commission 1** **Commission 2** **Commission 3**
 (tick as applicable): 2nd Choice **Commission 1** **Commission 2** **Commission 3**

Non-Members wishing to join SUERF with immediate effect must also pay the membership fee:

- joining as a personal member	+ € 50	€ _____
- joining as an academic institution member	+ € 200 (group membership)	€ _____
- joining as a corporate member	+ € 1,000	€ _____

New Corporate Members are entitled to send one participant free of charge!

Further information about membership can be found on the SUERF website at www.suerf.org

REGISTRATION FEES	Until 30.06.09*	From 01.07.09	
• NON-MEMBERS, not wishing to join	€ 2,500	€ 2,500	€ _____
• for students (please send copy of Student ID)	€ 50	€ 60	€ _____
• for staff of SUERF Academic Institution Members	€ 100	€ 120	€ _____
• for Personal Members	€ 250	€ 300	€ _____
• for staff of SUERF Corporate Members	€ 550	€ 660	€ _____
Total			€ _____

***Early registration bonus applicable for credit card payments only**

Cancellation policy: At no charge for cancellations prior to 15th August 2009, thereafter 50% of the fee.

RECEPTIONS	
I wish to attend the evening reception on	Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/>
My partner (full name) _____	will accompany me on Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/>

PAYMENT

- By bank transfer **by 15th August 2009** into the SUERF Colloquium account at KBC Bank NV, Arenbergstraat 11, B-1000 Brussels
(IBAN No.: BE03 4397 9470 0784, BIC/SWIFT: KREDBEBB)
- By credit card: American Express Visa MasterCard

Cardholder's Name: _____

Card Number: _____ **Expiry Date:** ____/____/____

Date: _____ **Signature:** _____

*Please fax/send this form to **Michael Bailey, SUERF**, c/o OeNB, Otto Wagner-Platz 3, A-1090 Vienna
 Fax: +43 1 40420 7298 – **no later than 15th August 2009**. For questions, contact michael.bailey@oebn.at*