

<b>REGISTRATION FORM</b>		BOOKING N° (admin)		
		ORDER N° (admin)		
Participant  The name(s) given is/are the name(s) that will be put on the name tag	Last name		First name	
	Title		E-mail	
	Society		Institution	
	Address			
	Zip code		City	
	Country		Mobile phone	
	Language(s) spoken:			
	Vegetarian <input type="checkbox"/>	No gluten <input type="checkbox"/>	No lactose <input type="checkbox"/>	Other:.....
Requires a table for the fair on Sunday morning <input type="checkbox"/>				
Will take lunch on Sunday (at your own cost but a reservation will have to be made) <input type="checkbox"/>				
Partner  The name(s) given is/are the name(s) that will be put on the name tag	Last name		First name	
	Title		E-mail	
	Language(s) spoken:			
	Vegetarian <input type="checkbox"/>	No gluten <input type="checkbox"/>	No lactose <input type="checkbox"/>	Other:.....
	Participation in main programme <input type="checkbox"/>			
Will take lunch on Sunday (at your own cost but a reservation will have to be made) <input type="checkbox"/>				
Accommodation	Arrival date	/ /2024	Departure date	/ /2024
Will be staying at the Marivaux hotel: YES <input type="checkbox"/> NO <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/>				
Registration fees	Participant		1 x	=
	Partner		1 x	=
	Total			=
Registration date (dd/mm/yyyy)			Signature	
/ /				

Please send this registration form (preferably in PDF) by E-mail to [skf2024@skf-vzw.org](mailto:skf2024@skf-vzw.org) **no later than February, 29, 2024.**

You will receive a confirmation by mail. Make sure to check your spam. Please pay the registration fee on time.

If by any chance you are prevented to attend the conference, your registration fee will be refunded if reported before May 24.

Full payment for participation is EURO is required by the end of March at the latest. Please note SKF2024 + number of participants + your name as a message in connection with your payment.

IBAN: BE46-7340140677-36

BIC: KREDBEB

Personal data will be used only for the registration to the XVII European Conference.

I agree that I will receive information regarding the conference by e-mail and that my name will be listed in the list of participants. I furthermore agree that the organizers may take photos and publish these photos on their website, in their journal whether in print or digital.

Date \_\_\_\_\_

Signature \_\_\_\_\_



**YOUR PARTICIPATION IS ONLY CONFIRMED AFTER PAYMENT OF THE REGISTRATION FEE.**

