

# Registration Form

Kindly return this form either by fax or as a scanned email attachment, preferably **before Wednesday, March 8, 2018**. Please use one form for each registrant!

European Centre of Tort and Insurance Law/Institute for European Tort Law

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.....  
Full Name

.....  
Organisation

.....  
Address

.....  
Telephone

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Email

I hereby register for the **17<sup>th</sup> Annual Conference on European Tort Law** in Vienna from **Thursday, April 5, 2018 to Saturday, April 7, 2018**.

- ☐ I will attend the reception on Thursday, April 5, 2018 (included in the fee).
- ☐ I will attend the Heurigen evening on Friday, April 6, 2018 (€ 39 extra).

**Conference Fees** (including Conference materials, reception, buffet lunch on Friday and refreshments):

- ☐ Supporting Member\*      € 250 for the first participant (includes one volume of the Yearbook),  
**early booking discount fee for registration by February 8, 2018: € 200;**  
€ 100 for additional participants (Conference only; Yearbook optional  
at approx. € 85 extra)
- ☐ Non-Member      € 500 (includes one volume of the Yearbook), **early booking  
discount fee for registration by February 8, 2018: € 400**
- ☐ University Staff and Judges      € 80 (Conference only; Yearbook optional at approx. € 85 extra),  
**early booking discount fee for registration by February 8, 2018: € 70**
- ☐ Jurists in training      € 40 Conference only; Yearbook optional at approx. € 85 extra)  
**early booking discount fee for registration by February 8, 2018: € 35**

*\*In order to qualify for the Supporting Member's fee, you must be a current Supporting Member of ECTIL with all applicable annual fees paid (see [www.ectil.org](http://www.ectil.org) for details).*

- ☐ I will pay the Conference fee no later than March 22, 2018 by the following method:  
Please charge the applicable fee to the following credit card account:

.....  
Full Name

☐ VISA    ☐ Mastercard    ☐ Diners Club

.....  
Credit Card Number

.....  
Expiry Date

*Please note that for security reasons we only accept transmission of credit card details by fax.*

- ☐ I will transfer the fee to the following bank account (free of charges for recipient):  
European Centre of Tort and Insurance Law  
Unicredit Bank Austria, IBAN AT92 1100 0086 6300, BIC: BKAUATWW

I am aware that **cancellations** must be made in writing before **March 28, 2018** in which case I will receive a refund (less € 20 administration charge). Refunds will not be considered for requests received after this date.

.....  
Date

.....  
Signature