**KOMTECH 2017**

**Delegate Registration Form**

**First name and surname:**

**E-mail:**

**Data for invoice:**

**Institution:**

**Address:**

**Postal code: City: Country:**

**Tax identification number:**

**Conference fee:**

**Regular:**  EUR 330 + 23% VAT

**Author of paper:**  EUR 270 + 23% VAT

**Date: Signature**

**Please return this form by fax or e-mail until 18th August 2017**

**by e-mail:** **aokulinska@komag.eu** **or fax: +48-32-2374518**

**Payment should be made by transfer until 1st September 2017**

Bank name: mBANK S.A. Oddzial Katowice

Account: PL 36 1140 1078 0000 3008 3200 1004 + BREXPLPWKAT (SWIFT)

Account holder: ITG KOMAG

Pszczynska 37, 44-101 Gliwice, Poland