



REGISTRATION & ACCOMMODATION FORM

**16th International Workshop on Inelastic Ion-Surface Collisions (IISC-16)
September 17 - 22, 2006, Schloss Hernstein, A-2560 Hernstein, Austria**

Please complete (type or print) this form

Participant Details			
Family Name		First Name	
Title		Organisation	
Street Address			
City		Post/Zip code	
Country		Email	
Telephone		Fax	
Accompanying Person(s) please add more lines if necessary			
Family Name		First Name(s)	


REGISTRATION FEES (in Euros)	before June 10, 2006	after June 10, 2006	No of Persons	Amount
Regular Participant	390 €	450 €		
Student Participant	250 €	290 €		
Accompanying Person	150 €	170 €		
Sub Total A				€

ACCOMMODATION in Schloss Hernstein	Accommodation Fee (in Euros) * for the whole duration of the conference (5 nights)	No of rooms	Amount
(Single Room)** no longer available !!!	I am interested in a single room. Please put me on the "single room waiting list"		<input type="checkbox"/> please tick
Two-bed Room (for 2 Persons)	700 €		
Two-bed Room (shared with another participant)	350 € per person I would like to share the room with: _____		
* Prices include full board (all meals). All rooms with bath/WC, SAT-TV and Minibar ** no longer available (see web-page), but waiting list.			Sub Total B €
			Grand Total (A+B) €

<p>Please fax or mail this form to: IISC-16 Conference Office, Ms. Manuela Marik Institut f. Allgemeine Physik, TU Wien Wiedner Hauptstr. 8-10/E134, A 1040 Vienna, Austria</p>	<p>Fax: +43 1 58801 13499 e-mail: iisc16@iap.tuwien.ac.at</p>
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PAYMENT DETAILS (please tick):

- Bank Transfer (with all bank charges pre-paid) to: Techn. Univ. Wien, IISC-16 IAP
 account number: 51429 000 461
 Bank Austria Creditanstalt (bank code 12000)
 IBAN: AT041200051429000461
 BIC: BKAUATWW
- Credit Card: (Please fill out the details and sign):

Type of Credit Card:	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
Credit card number		
Card verification code (CVV"/CVC2) last 3 digit number on back		Date of expiry
Full name of cardholder	Signature of cardholder	

Date:

Signature: