



CALPHAD XXXIII

Poland, Kraków, May 30 - June 4, 2004

CONFERENCE FEE

(Please send filled payment form by mail or fax before March 1, 2004)

All payments payable to Calphad XXXIII should be sent to:

**Institute of Metallurgy and Materials Sciences PAS,
Reymonta 25, 30-059 Krakow, Poland,
fax: +48-12-637 21 92**

Name _____ **First name** _____

Affiliation _____

Payment for conference CALPHAD XXXIII.

Please indicate which of the following means of payment you are using.
(In case of cheques and bank transfers, please cover the banking charges)

Personal or bank cashier's cheque for _____ **EUR** (please indicate **CALPHAD XXXIII**)

Bank transfer of _____ **EUR to:**

Account No. **PL 46 1060 0076 0000 3200 0046 8193**
Bank Code: **SWIFT: BPH KPL PK**
Holder of Account: **Institute of Metallurgy and Materials Sciences PAS**
NAME and **BPH PBK S.A. O/Krakow**
FULL Address **Pijarska 1**
of Bank Branch: **31-015 Krakow, Poland**
(please indicate **Calphad XXXIII**; don't forget to bring your copy of a document confirming that the payment has been done)

credit card

Please debit my card _____ (name of card)
for _____ EURO
Card number _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Valid till: _____ / _____ (month/year)
Name of cardholder _____
Billing address _____
Signature _____ Date _____

Date: _____

Signature _____