

**24th European Photovoltaic Solar Energy Conference and Exhibition
21 – 25 September 2009, Hamburg, Germany**

CONFERENCE REGISTRATION FORM (*)

Kindly note that registration is subject to availability.

Please complete the form and return it as soon as possible to:
WIP-Renewable Energies, Sylvensteinstr. 2, D-81369 München, Germany
Tel. +49-89-72012735, Fax +49-89-72012791, Email: pv.conference@wip-munich.de

Submit one form for each delegate - photocopies may be used. Please type or use block letters.

Organisation _____

Family Name ^{Mr/Ms/Dr./Prof.} _____ First Name _____

Address _____

Postal Code _____ City _____ Province _____

Country _____ Tel. _____

Fax _____ Email _____

Confirmation of Payment & Invoice will be sent upon receipt of payment.

Please indicate **billing address**, if different from above mentioned address:

Organisation _____ VAT-ID-No. _____

Contact Person _____

Address _____

Postal Code _____ City _____ Country _____

Please register me for the Conference. I have indicated my requirements below:

Category	Early Bird Registration and Payment until 30.06.2009 ¹⁾	Registration and Payment until 18.09.2009 ¹⁾	Onsite Registration and Payment ¹⁾
Full Conference Week	<input type="radio"/> € 810	<input type="radio"/> € 920	<input type="radio"/> € 1.020
Full Conference Week incl. Dinner Reception	<input type="radio"/> € 900	<input type="radio"/> € 1.010	<input type="radio"/> € 1.110
One Day Admission ²⁾ please indicate: Mon/Tue/Wed/Thu/Fri	<input type="radio"/> € 400	<input type="radio"/> € 450	<input type="radio"/> € 550
Students ³⁾	<input type="radio"/> € 250	<input type="radio"/> € 290	<input type="radio"/> € 350

¹⁾All indicated Conference Registration fees are quoted in Euro and include the German VAT of 19%. Registration is subject to availability.

²⁾Dinner Reception is not included.

³⁾Conference Proceedings and Dinner Reception are not included. Full time students only. Maximum age is 30. Copy of the valid student I.D. is required.

PAYMENT OPTIONS:

I authorize WIP to charge my **credit card**: VISA Mastercard month year

Card No. Expiry Date ____/____

Cardholder _____ Signature _____

I have made a **Bank transfer** to (copy enclosed):

Account Holder: WIP	Bank: Hypo Vereinsbank
Bank Account No.: 36 48 36 36	Am Harras 13
Bank Sorting Code: 700 202 70	D-81373 München, Germany
For international bank transfer please use: IBAN DE35 7002 0270 0036 4836 36, SWIFT (BIC): HYVEDEMM	

(*) I have read and agree with the Registration and Payment Conditions.

Date _____ Signature _____