

# JAMES JOYCE AND AFTER: Writer and time

24-25 October 2008 Kraków, Poland

## REGISTRATION FORM

Please complete the form, fax or mail it to:

Jagiellonian University Events Office  
24, Gołębia Street  
31-007 Krakow  
Poland  
**Fax/phone: +48 /12/ 663 38 58**  
E-mail: [cbin@adm.uj.edu.pl](mailto:cbin@adm.uj.edu.pl)

**Family name** \_\_\_\_\_

**First name** \_\_\_\_\_

**Sex**             Male             Female

**Title**             Mr.             Ms.             Dr.             Prof.

**Institution\*** \_\_\_\_\_

### Correspondence address

Street \_\_\_\_\_

Postal code \_\_\_\_\_

City \_\_\_\_\_

Country: \_\_\_\_\_

**Phone\*** \_\_\_\_\_

**Fax\*** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Name of accompanying person (if any)\*** \_\_\_\_\_

### Special requirements

Mobility or other disability related needs \_\_\_\_\_

Vegetarian food or other dietary needs \_\_\_\_\_

Other \_\_\_\_\_

\* optional

**Attention!** Registration can only be confirmed following receipt of payment.

## CONFERENCE PAYMENT

	Before 25th September 2008	After 25th September 2008
REGULAR REGISTRATION FEE	PLN 180 / € 60,00	PLN 270/ € 90,00
STUDENT FEE *	PN 100 / € 35,00	PLN 180 / € 50,00
ACCOMPANYING PERSON FEE**	PLN 110 / € 35,00	
TOTAL	€ _____	€ _____

\*Student registration must be accompanied by a signed letter from the Head of your Department stating clearly the student's name as well as the way the registration has been sent (i.e. via fax, post, Internet).

\*\*Accompanying person fee includes: conference dinner and coffee breaks

### Cancellation policy

Cancellation before September 25th, 2007 – full refund (minus banking charges).

Cancellation after September 25th, 2007 - **no refund.**

Cancellation must be confirmed in writing (address below).

All refunds will be processed after the Congress

### PAYMENT CAN BE MADE AS FOLLOWS:

#### Method of payment

- Bank transfer                       Credit card

#### Bank transfer to:

Jagiellonian University BOI

BANK: Pekao S.A. O/Krakow, Ul. Pijarska 1, 31-015 Krakow, Poland

Account number (IBAN): PL 75 1060 0076 0000 3300 0015 7610

SWIFT (BIC): BPHK PL PK

Please give the reference '**JAMES JOYCE AND AFTER / fee**', as well as **the name of the participant.**

Do not forget to bring a copy of a document confirming your payment.

Please cover the banking charges.

#### Credit card:

Please print the form below, complete it (CAPITAL LETTERS, please!) and **FAX** it to

Jagiellonian University Events Office

24, Golebia Street

31-007 Krakow, Poland

**Fax / phone: +48 /12/ 663 38 58**

**JAMES JOYCE AND AFTER 2008, 24-25 October 2008, Krakow, Poland**

Name of participant: \_\_\_\_\_

**I authorize the Jagiellonian University Events Office to charge the amount of EURO ..... to the following credit card:**

Eurocard/Mastercard     JCB Card     Visa     American Express     other

Card number \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

Expiry date: \_\_\_\_\_ / \_\_\_\_\_ (month/year)

Name of cardholder \_\_\_\_\_

Billing address \_\_\_\_\_

Signature & date (not valid without signature) \_\_\_\_\_

In case of any inquiries, please contact us ([cbin@adm.uj.edu.pl](mailto:cbin@adm.uj.edu.pl))

**PRO-FORMA INVOICE** /  **INVOICE REQUEST**  
(please choose the appropriate)

If you need an invoice or a pro-forma invoice, please fill in the form below

**Please note that the invoice can be drawn only to the remitter.**

**JAMES JOYCE AND AFTER 2008, 24-25 October 2008, Krakow, Poland**

Please draw an invoice with VAT included.

**Charge to:**

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

**VAT number:** \_\_\_\_\_

Amount: \_\_\_\_\_

Name(s) of the participant(s): \_\_\_\_\_

The invoice should be dispatched to: \_\_\_\_\_