Please, note that we need to receive your pdf registration form in order to collect all the data automatically (do not print and scan it please). There are two options, either SEND it directly or SAVE it as follows :

* clicking
* recording the completed registration form to your computer and send us by email attachment to   
  [admin-eeci@lss.supelec.fr](mailto:admin-eeci@lss.supelec.fr)

|  |  |  |  |
| --- | --- | --- | --- |
| Civility |  |  |  |
| Family Name |  | First Name |  |
| Company |  | Laboratory |  |
| Professional Address |  | Zip code |  |
| City |  | Country |  |
| Nationality |  | Phone |  |
| E-mail |  | | |

**Registration fees**

|  |  |  |  |
| --- | --- | --- | --- |
| **Amount registration** | **150 euros PhD Student / 200 euros Academia / 350 euros Socio-Economic World** | **TOTAL** |  |

#### *Payment*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | by cash | | | | | | | | | | |
|  | by check to “Association EECI” to be sent at the above address | | | | | | | | | | |
|  | by bank transfer (please **do not forget** to indicate your name on the transfer form **and** to send a copy of the transfer form to [admin-eeci@lss.supelec.fr](mailto:admin-eeci@lss.supelec.fr)) | | | | | | | | | | |
| *code établissement* | | | *code guichet* | | *numéro de compte* | | *code rice* | | *domiciliation* | | |
| **17515** | | | **00600** | | **08275796991** | | **48** | | **C.E. ILE DE FRANCE** | | |
| IBAN : | | **FR76** | | **1751** | **5006** | **0008** | | **2757** | | **9699** | **148** |
| BIC : | | **C E P A F R P P 7 5 1** | | | | | | | | | |
| Banque : | | **Caisse d’Epargne IDF, C. CIAL Chevry II, 2 place du Marché Neuf, 91190 Gif-sur-Yvette, France** | | | | | | | | | |
| Titulaire : | | Association EECI – Supélec – 3, rue Joliot-Curie – 91190 Gif-sur-Yvette – France | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | by order form | | | |
|  | by credit card | | | |
| Name of the cardholder | |  | Expiration date (Month/Year) |  |
| Card number | |  | Credit Card Control Number(\*) |  |
| Cardholder signature: | |  | | |