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**Post ESREL 2024 Workshop**

**REGISTRATION FORM**

**Surname: Name:**

**Company/Institution:**

**Address:**

**VAT ID:**

**Phone: E-mail:**

**Accompanying Person Name:**

Please provide invoice details if different from above

**Dietary restriction (**replace by **x** where appropriate**): none, vegetarian, gluten allergy, lactose allergy**

**Please complete and return (by e-mail: contact@esrel2024.com) to ESREL 2024 Secretariat**

**Post ESREL 2024 Workshop FEE PAYMENT**

**Deadlines: Early – 1st April 2024; Late – 1st May 2024**

**Workshop Fee**

Attendance in Person

...... €

**ESRA Member Early1) / Late2) Conference Fee:** **400 €1) / 500 €2)**

(*including: sessions attendance, Program, catering and social events*)

**Non ESRA Member Early1) / Late2) Conference Fee:** **450 €1) / 550 €2)**

...... €

(*including: sessions attendance, Program, catering and social events*)

**PhD Student Early1) / Late2) Conference Fee:** **300 €1) / 400 €2)**

...... €

(*including: sessions attendance, Program, catering and social events*)

**Accompanying Person Early1) / Late2) Conference Fee:** **300 €1) / 400 €2)**

...... €

(*including: catering and social events*)

Virtual Attendance

...... €

**ESRA Member Early1) / Late2) Conference Fee:** **300 €1) / 400 €2)**

(*including: sessions attendance, Program*)

...... €

**Non ESRA Member Early1) / Late2) Conference Fee:** **350 €1) / 450 €2)**

(*including: sessions attendance, Program*)

...... €

**PhD Student Early1) / Late2) Conference Fee:** **300 €1) / 400 €2)**

(*including: sessions attendance, Program*)

**Total Payment**………………………………………………………………………………

...... €

**Method of payment**

**Payment should be made in EURO by Bank Transfer to:**

Polish Safety and Reliability Association

Account No: PL 58 1020 1912 0000 9002 0210 8306

(Bank PKO BP)

On Transfer Provide: PARTICIPANT SURNAME, Post ESREL 2024 Workshop

Bank Swift Code: BPKOPLPW

Address: Al. Jana Pawła II 3, 81-345 Gdynia, Poland