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# Payment ACCYCLES

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December 9 to 12, 2009

## Payment Form

Family Name:

First Name:

**Please, check your payment:**

General registration fee	300 euros	<input type="checkbox"/>
Registration Fee for Members of the Societat Catalana de Matemàtiques	150 euros	<input type="checkbox"/>
Room booking fee (for grant holders only)	30 euros	<input type="checkbox"/>

**Check the option that you prefer for making the payment and fill in the information requested.**

**Credit Card:**

Card holder's name

VISA  MasterCard

Card number

Expiration date

Amount

Signature (required)

**Bank transfer to\*:**

**"Congressos i Cursos CRM"**

**Bank's name:** Caixa Catalunya

**Bank's address:** Pl. Cívica, Campus UAB  
08193 Bellaterra  
Spain

**IBAN:** ES37 2013 0692 8502 0206 2742

**Swift code:** CESCESBBXXX

**\* IMPORTANT: Please make sure that the administrative costs originated by the bank transfer are charged to the sender's account. CRM is to receive the full registration fee, free of charges.**

**Nominative Cheque to: "Congressos i Cursos CRM"**

Cheque no.

Issuing Bank

Amount

**Deadline for General Registration and Payment: November 13, 2009**

**Please, fill out the form, print it, sign it, and fax it to the number: +34 935 812 202, together with the receipt or proof of your payment (in case of bank transfer).**

**For problems concerning the payment, contact [nhernandez@crm.cat](mailto:nhernandez@crm.cat)**

*Refund policy: All requests for Registration refunds must be submitted to [crm@crm.cat](mailto:crm@crm.cat) prior to one month before the beginning of the activity. After that time, no refunds will be issued. A maximum of 80% refund from the registration fee paid will be reimbursed.*



CENTRE DE RECERCA MATEMÀTICA



1984-2009

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