|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  | |  |  | |  | |
|  | | | | | | | | | |
| You may use this inscription form to sign in to multiple attendees. Please use one inscription form per "factura" (only needed for participants living in Mexico). | | | | | | | | | |
| STUDENT REGISTRATION | | | | | | | | | |
|  |  | |  | |  |  | |  | |
| Attendance of NEO 2025. Please specify the number of student registrations and the data for each student. For the latter, please provide the name, the institution, the participation form (online or in person), the email address (used in particular for online attendance. The email given in the form has to be used to log in to the event), and the amount. Please also list the contributed works related to the NEO 2025 together with the person who will present his work. | | | | | | | | | |
|  |  | |  | |  |  | |  | |
| Number of student registrations: | | |  | |  |  | |  | |
|  |  | |  | |  |  | |  | |
| PERS. 1 Name/Institution/part.form/email address/amount | | |  | | | | | | |
|  |  | |  | |  |  | |  | |
| PERS. 2 Name/Institution/part.form/email address/amount | | |  | | | | | | |
|  |  | |  | |  |  | |  | |
| PERS. 3 Name/Institution/part.form/email address/amount | | |  | | | | | | |
|  |  | |  | |  |  | |  | |
| PERS. 4 Name/Institution/part.form/email address/amount | | |  | | | | | | |
|  |  | |  | |  |  | |  | |
| PERS. 5 Name/Institution/part.form/email address/amount | | |  | | | | | | |
|  |  | |  | |  |  | |  | |
| Titles and presenting authors of the presented works: | | | | |  | | | | |
|  | |  | |  | | |  | |  |
| FULL REGISTRATION | | | | | | | | | |
|  |  | |  | |  |  | |  | |
| Attendance of NEO 2025. Please specify the number of researcher registrations and the data for each researcher. For the latter, please provide the name, the institution, the participation form (online or in person), the email address (used in particular for online attendance. The email given in the form has to be used to log in to the event), and the amount. Please also list the contributed works related to the NEO 2025 together with the person who will present this work. | | | | | | | | | |
| Number of full registrations: | | |  | |  |  | |  | |
|  |  | |  | |  |  | |  | |
| PERS. 1 Name/Institution/part. form/email address/amount | | |  | | | | | | |
|  |  | |  | |  |  | |  | |
| PERS. 2 Name/Institution/part. form/email address/amount | | |  | | | | | | |
|  |  | |  | |  |  | |  | |
| PERS. 3 Name/Institution/part. form/email address/amount | | |  | | | | | | |
|  |  | |  | |  |  | |  | |
| PERS. 4 Name/Institution/part. form/email address/amount | | |  | | | | | | |
|  |  | |  | |  |  | |  | |
| PERS. 5 Name/Institution/part. form/email address/amount | | |  | | | | | | |
|  |  | |  | |  |  | |  | |
| Titles and presenting authors of the presented works: | | | | |  | | | | |
|  |  | |  | |  |  | |  | |
|  | | | | | | | | | |
|  |  | |  | |  |  | |  | |
|  |  | |  | |  |  | |  | |
| FACTURA | | | | | | | | | |
|  |  | |  | |  |  | |  | |
| (A "factura" is a particular invoice that will be only needed for participants living in Mexico. Note that in case a "factura" | | | | | | | | | |
| is needed, the total amount will be increased by 16 percent.) | | | | | | | |  | |
|  |  | |  | |  |  | |  | |
| Will you need a "factura"? yes / no | | | | |  | | |  | |
| If you need a "factura", please provide the required details. | | | | | | | | | |
|  |  | |  | |  |  | |  | |
| Name: |  | | | | | | | | |
|  |  | |  | |  |  | |  | |
| R.F.C. |  | | | | | | | | |
|  |  | |  | |  |  | |  | |
| Adress: |  | | | | | | | | |
|  |  | |  | |  |  | |  | |
|  | | | | | | | | | |
|  |  | |  | |  |  | |  | |
| e-mail |  | |  | |  |  | |  | |
|  |  | |  | |  |  | |  | |
| In case no "factura" is needed, a certificate of payment will be sent. If particular information should be provided on this | | | | | | | | | |
| certificate, please specify: | | |  | |  |  | |  | |
|  | | | | | | | | | |
|  |  | |  | |  |  | |  | |
|  | | | | | | | | | |
|  |  | |  | |  |  | |  | |
|  | | | | | | | | | |
|  |  | |  | |  |  | |  | |
| EXTRAS | | | | | | | | | |
|  |  | |  | |  |  | |  | |
| In case you need space to add more information, use this part. | | | | | | | |  | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |