



I CONFERENCE OF THE EUROPEAN PHILOSOPHY OF SCIENCE ASSOCIATION

November, 14-17 2007

Open Registration Form

Kindly fill in this form with capital letters and send it to the following address:
 Technical Secretariat. C/ Princesa, 47 – 6º, 28008 Madrid. Fax: 91 559 44 43
 E-mail: gruposectorpublico@viajeseci.es Contacts: Patricia González

Name _____ First name _____
 Mailing Address _____
 Postal Code _____ City _____ Country _____
 E-mail _____ Telephone _____ Fax _____

A. REGISTRATION Please, mark the chosen option

Full Registration (incl. Lunch on Nov 15, 16 & 17) up to 5th November, 2007

EPSA Member* ☐ 150,00 € Student Member** ☐ 130,00 €
 Non Member ☐ 210,00 € Student Non Member ** ☐ 170,00 €

Conference Only Registration up to 5th November, 2007

EPSA Member* ☐ 100,00 € Student Member** ☐ 80,00 €
 Non Member ☐ 160,00 € Student Non Member ** ☐ 120,00 €

Conference Only Registration from 5th November, 2007 (EPSA members only)***

EPSA Member* ☐ 200,00 € Student Member** ☐ 130,00 €

* EPSA members must send the certificate of the association attached to this registration form.

** Students must send a copy of the student card attached to this registration form.

*** Registration from November 5th (including onsite at the conference) is only available for EPSA members, on production of their EPSA membership certificate. For membership of EPSA please visit the Association's webpage at: <http://www.epsa.ac.at>

Please note that it will not be possible to join in EPSA at the conference site. We advice you to join in EPSA at least a week ahead of the conference in order to obtain your certificate on time for registration.

B. AVAILABLE ACCOMMODATION Please, mark the chosen option and we will do the booking reservation

Rank	Category	HOTEL	Room (price per day and single room or double room for two person)	
5*****		HOTEL MELIÁ MADRID	Individual room <input type="checkbox"/> 176,55 €	Double room <input type="checkbox"/> 187,25 €
4****		HOTEL TRYP ATOCHA	Individual room <input type="checkbox"/> 144,45 €	Double room <input type="checkbox"/> 155,15 €
4****		NH SUITES PRISMA	Individual room <input type="checkbox"/> 139,10 €	Double room <input type="checkbox"/> 149,80 €
3***		NH ALBERTO AGUILERA	Individual room <input type="checkbox"/> 133,75 €	Double room <input type="checkbox"/> 144,45 €
3***		HOTEL TIROL	Individual room <input type="checkbox"/> 122,00 €	Double room <input type="checkbox"/> 122,00 €

Prices per room and night
 Breakfast and taxes included (7%) .

Check in date _____ Check out date _____ N° of nights: _____
 N° persons _____ N° rooms _____

Subtotal B _____ €

All bookings are subject to availability. Please rank the hotels in your order of preference ("1" for your first preference, "2" for your second preference, and so on). If there is any hotel that you would not accept under any circumstances please leave it unranked. We will fill in the corresponding amount under subtotal "B", so please leave this space blank.

C. TRANSFER . Please fill in your flight details if you want to use this service

Note: Cars will be arranged from the airport or station to the hotel and vice-versa

Day of arrival to Madrid _____ at _____ hours in the ticket flight nº _____ of the airlines company _____ origin _____
Day of departure to Madrid _____ at _____ hours in the flight ticket nº _____ of the airlines company _____

Price per car / transfer * ☐ 52,60 €

(*) The price is per car and transfer.

Subtotal C _____ €

D. TRAVEL INSURANCE. POLIZA Nº 07620000607. Please mark if you wish to use this service

I wish to buy travel insurance in the trip:

YES ☐

NO ☐

Nº insured persons _____

Subtotal D _____ €

Price

*Travel Insurance** 7,50 €

(*) Price per person and insured

E. AMOUNT TO PAY :

Subtotal A (registration)..... _____ €

Subtotal B (accommodation) _____ €

Subtotal C (transfer) _____ €

Subtotal D (travel insurance) _____ €

TOTAL AMOUNT to PAY..... €

Method of Payment:**Credit Card:**

VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DINERS CLUB ☐ EL CORTE INGLES ☐

- First name / Last name.....
- Credit card number
- Expiration date
- Amount to pay

Deadline to send us this form: November 5th, 2007.

Important Notes:

Please send the registration form and attached EPSA membership proof and student proof by fax to the number 91 559 44 43 , by post to the address above, or by email to gruposectorpublico@viajeseci.es

Please note that there will be a cap of 300 on registration, and registrations will be accepted on a first come-first serve basis until the cap is reached.

We regret that no refunds can be made for cancellations received after November 5th, 2007.