SISPAD 2022 late registration form

This form needs to be filled in individually regardless of the type of registration (invited speaker, congresist or accompanying person). Fields marked with (\*) are mandatory for everyone.

Personal information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name (\*)** | Name | | | | | | |
| **Surname (\*)** | Family name | | | | | | |
| **Type of ID (\*)** | Select type | **ID number (1) (\*)** | | | ID number | | |
| **Country issuing ID (\*)** | Country of ID | | **Nationality (\*)** | | | | Nationality |
| **Email (\*)** | Email | | | **Phone (\*) (2)** | | Phone number | |

(1) As indicated in the late registration conditions, the visit to the Alhambra is not guaranteed for this type of registration and is subject to availability of tickets. In any case, and foreseeing this circumstance, attendees must provide their full ID information. Notice that the monument board will not issue any ticket without it.

(2) Please, include country code when indicating the phone number.

Billing information(3)

|  |  |
| --- | --- |
| **Registration type (\*)** | Select type of registration |
| **Workshops** | **WS1 (60 Eur)  WS2 (60 Eur)  W1+WS2 (70 Eur)** |
| **Total amount (EUR)** | Total amount to be billed |
| **Institution / company (\*)** | Institution or company of the congresist |
| **Invoice (\*)** | **Yes, I will need it  No, I do not need one** |
| **Taxpayer identification number** | Fill in the tax ID in case that you need an invoice |
| **Address (\*)** | Billing address |
| **Country (\*)** | Country of the institution / company |

(3) Payments via bank transfer should be completed using the following information:

* Account holder: Universidad de Granada
* Bank swift code: CAIXESBBXXX
* Bank name: CAIXABANK
* Bank address: Gran Vía de Colón, 19. 18001 Granada. Spain
* IBAN: ES58 2100 4224 3913 0072 0546

IMPORTANT: When ordering the transfer, in the descriptor field, indicate your name followed by the text SISPAD2022.

Alimentary information

|  |  |
| --- | --- |
| **Allergies / Intolerances** | **Yes  No** |
| **Types** | Indicate any type of allergies or intolerances |
| **Vegetarian** | **Yes  No** |
| **Vegan** | **Yes  No** |
| **Other considerations**  **(subject to availability)** | Indicate any other considerations that you may want the organization to be aware of |

Guided visits (6 – 7 September)

|  |  |
| --- | --- |
| **Preferred language (4)**  **(select only one)** | **Spanish  French  Italian  German  Japanese**  **English  Other (**specify**)** |

(4) Default language will be English in case of leaving this field unselected. Please note that selecting a different language (other than English) does not guarantee a group for it. This would only be possible if enough people select the same alternative. Groups will have a maximum size of 30 persons each.