**REGISTRATION FORM**

Please return this registration form with the payment

by email: ice@sciencesconf.org

Or by post : Dominique ROY, Antenne financière des UFR littéraires, juridique et économique

4, Boulevard Gabriel - 21000 DIJON - FRANCE

Phone number: (+33) 380 395 317

By April 30, 2024 at latest

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTICIPANT**   |  |  |  |  | | --- | --- | --- | --- | | **LAST NAME** |  | **First Name** |  | | **Employed as** |  | | | | **Affiliation/Company name** |  | | | | **Employer’s Address** |  | | | | **Postcode (ZIP code)** |  | **City** |  | | **Country** |  | | | | **Participant’s Email** |  | **Participant’s Phone** | +(XX) | |

|  |  |
| --- | --- |
| **REGISTRATION FEES TTC** (transaction subject to 10% VAT included) | |
| Please check your status (*Please tick the box)*: | ***Registration fees*** |
| PhD student | 75 € |
| Others | 180 € |
| Guest | Free |
|  |  |
| **PAYMENT** | |
| *Please check your payment choice (tick the box)* | |
| **By bank check**  Payable to « Régisseur des UFR juridique et économique » | |
| **By bank transfer**  In the Name of Régisseur des UFR juridique et économique  Account Trésor Public: DIJON TG 10071/21000/00001006018/21  IBAN: FR 76 1007 1210 0000 0010 0601 821  SWIFT: TRPUFRP1XXX | |
| **By credit card**  Via the online platform:  Fr. : <https://ub.azur-colloque.fr/inscription/fr/6/inscription>  En.: <https://ub.azur-colloque.fr/inscription/en/6/inscription> | |
| **By purchase order**  (**INSTITUTIONAL PAYMENT WITH INVOICE)**  At the address of université de Bourgogne – LEDi | |

In case of payment by purchase order, please complete the table below:

**According to the following registration certificate:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **I, the undersigned** | **Last Name** |  | | **First Name** | |  |
| **Position held** |  | | | | | |
| **Affiliation/Company name** |  | | | | | |
| **Certify that the institution I represent will bear the costs of this registration**  **and pay it upon presentation of an invoice** | | | | | | |
| **Made in** |  | | **Date** | |  | |
| **Signature and/or stamp** |  | | | | | |

**Gala Dinner:** *Please tick the box*Yes No

If yes, please choose our menu on page 3 \*

**Do you need a certificate of attendance?** *Please tick the box*Yes No

**Thank you for your registration.**

**Do not forget to send this form and to proceed to the payment before April 30, 2024 to:**

ice@sciencesconf.org

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**For further information about the conference, please contact:**

[**ice@sciencesconf.org**](mailto:ice@sciencesconf.org)

**\* Please choose your menu for the Gala Dinner (select one option from each):**

|  |  |
| --- | --- |
| **Entree** | **Please tick the box** |
| Feuilleté de noix de pétoncle et crevettes, sauce crustacée |  |
| Saint Marcelin rôti au miel de noix |  |
| Jambon percillé et son crémeux aux herbes |  |
| **Main Dish** |  |
| Suprême de volaille “Gaston Gérard” & sa garniture |  |
| Ravioles aux cèpes à la crème truffée |  |
| Dos de saumon sauce bisque |  |
| **Cheese plate** |  |
| **Dessert** |  |
| Ile flottante |  |
| Brownies au chocolat |  |