

International Symposia on Tropical & Temperate Horticulture

20-25 November 2016 | Carins Convention Centre

REGISTRATION FORM

A confirmation of receipt / processing of your registration will be emailed to your email address

Please complete **one** form for **each attendee** – scan this form and return to ISHS at info@ishs.org or fax to the ISHS Secretariat in Belgium at **+32 16229450**. All fees are quoted in Euro (€)

• Section 1 Personal Details (fill out form in BLOCK CAPITALS please)

ISHS member NO YES – ISHS Membership number: _____

Title _____ First name _____ Last name _____

Company/Organisation _____

Position _____

Address _____

_____ Town/Suburb _____

State _____ Postcode _____ Country _____

Telephone _____ (Country + Area code required)

Email address _____ **(required)**

Register as Oral Presenter Poster Presenter Attendee Accompanying person

Dietary special requirements for the symposia and social functions

Vegetarian Vegan Gluten free Lactose free Kosher* Halal*

**Please note that Kosher and Halal meals may incur additional charges at your own expense*

• Section 2 Registration Fees

All fees are quoted in Euro (€). Please select your registration category by ticking the appropriate box below. To qualify for ISHS Member **discounted registration** you must be a member in good standing **prior to registration**. To check your membership status use the link to “manage/renew your membership” in the upper-right corner at www.ishs.org - Registrations received **before 28th June** will be considered at early bird rate.

Delegate	Early bird rate	Standard rate
	Until 27 th JUNE 2016	After 27 th JUNE 2016
<input type="checkbox"/> ISHS Member-Full Registration	650 Euro	750 Euro
<input type="checkbox"/> Non ISHS Member-Full Registration	750 Euro	850 Euro
<input type="checkbox"/> 2 Days	320 Euro	340 Euro
<input type="checkbox"/> 3 Days	470 Euros	490 Euro

Registration fee Total [1]: _____ Euro

Registration Entitlements

Inclusion in the **Full delegate** registration fees:

- Admission to all symposium sessions
- Admission to the industry exhibition
- Ticket to the Opening Ceremony & Welcome Reception
- A satchel including Program Book and electronic version of the Book of Abstracts
- Morning and afternoon tea/coffee, daily
- 1 volume of Acta Horticulturae

Day registration Entitlements

2 or 3 Days registrants will be entitled to the following on the selected days.

- Admission to all symposium sessions
- Admission to the industry exhibition
- Ticket to the Opening Ceremony & Welcome Reception
- A satchel including Program Book and electronic version of the Book of Abstracts
- Morning and afternoon tea/coffee, daily

• Section 3 Social Functions

The Opening Ceremony & Welcome Reception is inclusive for all registered delegates. Please note other social functions and daily lunches are not included in the registration fees. Tickets for delegates and their partners can be purchased below. All fees are quoted in Euro (€).

Opening Ceremony & Welcome Reception – Sunday 20th November 2016

Additional Ticket for partners – I would like to purchase _____ additional tickets at € 50 each.

Symposium Gala Dinner – Thursday 24th November 2016

Ticket – I would like to purchase _____ ticket/s at € 100 each.

Post-Symposia Tour

Ticket – I would like to purchase _____ ticket/s at € 1100 each.

Social Functions Fee Total [2]: _____ Euro

• **Section 4 Payment Options**

All fees are quoted in Euro (€). Registration is valid only after receipt of your payment in full. Do cover any bank charges if any so that ISHS receives the net amount due.

Fill out all fields, sign and return the registration form to the ISHS Secretariat in Belgium at info@ishs.org or fax **+32 16229450**

Date: ____/_____/2016

Calculate the total amount due:

Registration Total Amount (Registration fee [1] + Social functions [2]) : _____ Euro

PAYMENT:

Credit Card Payment (preferred method of payment)

AMEX Diners MasterCard Visa

CARDNUMBER:

CARDHOLDER NAME: _____
(your name)

EXP. DATE: ____ / ____ SECURITY CODE: _____ (usually last 3 digits printed on the back of card)

AUTHORIZED SIGNATURE: _____ (required)

Money transfer in the ISHS bank account

Clearly indicate your name and "ISTTH2016" in the reason for payment

Have any transfer or bank charges covered by your bank so that ISHS receives the net registration in full

— IBAN (Bank Account number) **BE76734022813395** with the 'KBC Bank' in Belgium

BIC (SWIFT code): **KREDBEBB**

Address: **KBC Bank**, Branch Leuven St.Jacob(4356), St.Jacobsplein 32, 3000 Leuven, Belgium.