

ARCHITECTURE WITHOUT LIMITS -
CULTURE OF THE CITY, CITY IN CULTURE

Wrocław, 19 – 20 October 2012

PARTICIPATION FORM

Name and surname:

Title/degree:

Affiliation:

.....

.....

Correspondece address:

.....

.....

Telephone number:

e-mail address:

Title of your paper:

.....

.....

I choose *: **Conference fee 1** – 550,00 zł

Conference fee 2 – 350,00 zł

Conference fee 3 – 200,00 zł

and declare the payment until **01.03.2012**.

** Conference fees according to Announcement nr. 1, cross preferred amount, please.*

.....

(place, date)

.....

(signature)

Do you issue a VAT invoice*: **YES**

NO

** Cross correct answer, please.*

If the answer is **YES**, fill in the statement beneath, please.

STATEMENT

Name and surname:

I authorize the Wrocław University of Technology to issue an invoice without my signature.

.....

(place, date)

.....

(signature)

