# REGISTRATION

3rd International WORKSHOP
on Concentrating Photovoltaic:
Optics – Materials – Modules – Bankability - Grids
20-22 October 2010, Bremerhaven, Germany

please fax this registration-form to
+49 (0) 64 21 16 89 409
or send it to
Concentrator Optics GmbH,
Lahnstr. 16, 35091 Cölbe,
Germany

**I will participate**: ☐ in the whole workshop

☐ Only for one day: ☐ 21st October 10 or ☐ 22nd October 10
(One Day Tickets does not include Dinner) ☐ additional Dinner 21st October

**Participant**:

First name

Family name.

Phone

Email

**Receiver of Invoice**:

Company

Address

ZIP Code, Town

Country

VAT-No.

Email

**The registration fee (incl. 19 % VAT):**

| | |
|---|---|
| ☐ Early Registration before August 3rd 2010 | 550,00 Euro |
| ☐ Late Registration | 680,00 Euro |
| ☐ Speaker | 490,00 Euro |
| ☐ Student (max. age 27 years, please, submit proof of student identity and age when registering) | 490,00 Euro |
| ☐ One Day Ticket (not available for speakers or students) | 340,00 Euro |
| ☐ (Additional) Conference Dinner 21st October 10 | 55,00 Euro |

**Terms of Cancellation**:
A refund of the paid registration fee (less an administration charge of 180,00 Euro) will be given to cancellations which we receive up to one month before the workshop. The cancellation has to be made in writing (letter or fax) and has to reach the organisators' office on 20th September at the latest. There will be no refund for later cancellations or for participants who do not attend without written cancellation.

I case of the cancellation of the workshop on behalf of the workshop organizers, a full refund will be given.

**I wish to register as marked above and accept the terms of cancellation:**

Date: Signature of Participant: ….....

☐ I pay by credit card - and allow the workshop organisator, Concentrator Optics GmbH

to debit the total amount of against the following credit card:

☐ MasterCard ☐ Visa ☐ Amex

Card-No.: .. .. . ..... * Security-No./CVC-Code.:

*MasterCard/Visa: last three digits on reverse side of your card; American Express: 4 digits that are above and to the right of your card number on the front of your card.

Name of cardholder: Expiry Date: ... (Month/Year)

Signature of cardholder: ….....