QQML 2017

9th Qualitative and Quantitative Methods in Libraries
International Conference
Limerick Ireland, 23 – 26 May 2017

REGISTRATION FORM

PERSONAL INFORMATION

Title: □ Prof □ Dr □ Mr □ Mrs □ Ms
Family name (full): …………………………………………………………………………………
First name(s) (full): …………………………………………………………………………………
Affiliation: ……………………………………………………………………………………………
Address: ……………………………………………………………………………………………

City: ……………………… Zip code: ……………………… Country: ………………………
Tel: ……………………… Fax: ………………e-mail: ………………………

Accompanying Person(s):
Family name: ……………………………… First name(s): ………………………………
Family name: ……………………………… First name(s): ………………………………

Paper(s) title: ……………………………………………………………………………………………

Social Programme

<table>
<thead>
<tr>
<th>Social Programme</th>
<th>Before 30 March</th>
<th>Before 30 April</th>
<th>After 1 May</th>
<th>No of persons</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Conference Dinner (25 May)</td>
<td>70 €</td>
<td>80 €</td>
<td>90 €</td>
<td></td>
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</tr>
<tr>
<td>□ Half-day excursion (24 May)</td>
<td>50 €</td>
<td>60 €</td>
<td>65 €</td>
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</tr>
<tr>
<td>□ Full-day excursion (27 May)</td>
<td>85 €</td>
<td>90 €</td>
<td>95 €</td>
<td></td>
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<tr>
<td>Total</td>
<td></td>
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</tbody>
</table>

Registration fees

<table>
<thead>
<tr>
<th>DELEGATES¹</th>
<th>Early Registration Before 30 March</th>
<th>Registration Before 30 April</th>
<th>After 1 May</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Professors</td>
<td>400 €</td>
<td>450 €</td>
<td>480 €</td>
<td></td>
</tr>
<tr>
<td>□ Librarians</td>
<td>350 €</td>
<td>370 €</td>
<td>400 €</td>
<td></td>
</tr>
<tr>
<td>□ Students: paper/ poster contributors</td>
<td>250 €</td>
<td>300 €</td>
<td>350 €</td>
<td></td>
</tr>
<tr>
<td>□ Students non speakers</td>
<td>150 €</td>
<td>170 €</td>
<td>200 €</td>
<td></td>
</tr>
<tr>
<td>□ Non librarians</td>
<td>400 €</td>
<td>450 €</td>
<td>480 €</td>
<td></td>
</tr>
<tr>
<td>□ Day registration²</td>
<td>250 €</td>
<td>280 €</td>
<td>300 €</td>
<td></td>
</tr>
<tr>
<td>□ Accompanying person³</td>
<td>200 €</td>
<td>220 €</td>
<td>250 €</td>
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</tr>
</tbody>
</table>

Social Programme Sub-Total |
Total

¹The fee of the Delegates includes: Attendance at the conference, Conference bag, Coffees, Lunches.
²Day registration fee includes: Attendance at that day’s Conference sessions, Conference bag, Coffee and Lunch.
³The Fee of the Accompanying persons includes: Participation to the Social Program of the conference.
METHOD OF PAYMENT

Please indicate the preferred method of payment: by Bank Transfer or by Credit Card

Give your VAT No (if any): ………………………

☐ Bank Transfer:  
  To: ISAST International Society  
  Account number: 101 00 2002 264027  
  IBAN number: GR49 0140 1010 0200 2264 027  
  BIC: CRBAGRAA  
  Bank details: ALPHA BANK  
  Address: 40 Stadiou Str, Athens 10252, GREECE

*Important: Refer the QQML2017 Conference in the bank receipt. After bank transfer, please state clearly the “Participant name” and send a copy of the bank receipt by e-mail to: secretar@isast.org

☐ Credit Card:  
  ☐ VISA  ☐ MASTERCARD ☐ AMERICAN EXPRESS

  Cardholder's name: ……………………………………………………………………………………………  
  Card number: ………………………………………….. Expiration date: ……………………………  
  Cardholder Verification Value (last 3 digits at the back of the card for Visa and Mastercard) ……..

Confirmation

A letter of confirmation will be sent by e-mail to each participant as soon as the registration form and payment are received by the conference secretariat.

Receipts will be issued during the conference.

In case of bank transfer, a confirmation letter will be sent only after the bank receipt is received by the conference secretariat.

Cancellation of registration and refunds

By 15 April 2017  
  Full refund minus 35 € as a handling fee  
 By 1 May 2017  
  60% of the registration fee will be refunded  
 After 1 May 2017  
  No refund  

The conference secretariat must be notified in writing (Email) of cancellation of registration. The appropriate refunds will be made available after the conference.

Alterations

Alterations to your registration will not be accepted over the telephone. Please e-mail any changes to the conference secretariat.

Date: ………………….  
Name and/or Signature: ………………………………………………………………

Please complete this form in capital letters and return by e-mail to: QQML2017 International Conference  
E-mail: secretar@isast.org