**REGISTRATION FORM**

Please return this registration form with the payment

by email: [inscriptionafse2022@u-bourgogne.fr](mailto:inscriptionafse2022@u-bourgogne.fr)

Or by post : Christine DEROTE, Antenne financière des UFR littéraires, juridique et économique

4, Boulevard Gabriel - 21000 DIJON - FRANCE

Phone number: (+33) 380 395 317

By May 23, 2022 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*** |
| AFSE member | 230 € |
| AFSE member student | 190 € |
| Non AFSE member | 300 € |
| Non AFSE member student | 240 € |
| Guest | Free |
| Gala Dïner | 60 € |
|  |  |
| **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 Paybox : link | |
| **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** |  | | | | | |

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

**Do you have a special diet?** *Please tick the box*Yes  No

|  |  |
| --- | --- |
| *If yes, which one?* |  |

**Thank you for your registration.**

**Do not forget to send this form and to proceed to the payment before 23th May 2022 to :**

[**inscriptionafse2022@u-bourgogne.fr**](mailto:inscriptionafse2022@u-bourgogne.fr)

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

[**afse2022@sciencesconf.org**](mailto:afse2022@sciencesconf.org)