

**IAG**

## International Symposium

Gravity, Geoid and Space Missions - GGSM2004

Porto, Portugal, from August 30th to September 3rd, 2004

### Social Program Form

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Institution \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### Social Program

I intend to participate (please mark):

- Reception (free)

☐

- Conference Dinner (30 Euros)

☐

The Conference Dinner can ONLY be paid on site.

### Excursions (Please mark the excursions you intend to do, and fill the Number of persons)

Excursions rates are in EUROS (€).

Destination	Duration	Price per person	Number of persons:	
Porto Tour	Half Day	39,00 EUR	_____	<input type="checkbox"/>
Porto Tour	Full Day	75,00 EUR	_____	<input type="checkbox"/>
Minho Tour A	Full Day	62,00 EUR	_____	<input type="checkbox"/>
Minho Tour B	Full Day	65,50 EUR	_____	<input type="checkbox"/>
Cruise Porto/Régua/Porto	08h00-18h50	80,00 EUR	_____	<input type="checkbox"/>
Cruise Porto/Pinhão/Porto	07h30-19h00	90,00 EUR	_____	<input type="checkbox"/>

### Payment

Payment can be done by Credit Card, or by Bank Draft addressed to Viagens Abreu S.A.

**For payment by Credit Card, please fill bellow:**

I authorise to charge the above mentioned *Total Amount* in Euros to my Credit Card:

VISA ☐

AMERICAN EXPRESS ☐

EUROCARD/MASTERCARD ☐

Number \_\_\_\_\_

Expire Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last three numbers on the back side of the credit card (C V V) \_\_\_\_/ \_\_\_\_/ \_\_\_\_

Signature (of Card Holder) \_\_\_\_\_

**Total Amount to Pay**

€ \_\_\_\_\_

**PLEASE SEND THIS REGISTRATION FORM TO:** (with a copy to the local organizing committee)

Viagens Abreu, S. A.

C/O Congress Department

Av. dos Aliados, 207

4000 – 067 Porto - PORTUGAL

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