

Utterance Interpretation and Cognitive Models, II**19-21 July 2008, Brussels****Registration Form**

Please print and return by fax (+32(0)2 650 24 50) or by regular mail at the following address **BEFORE JUNE 30, 2008**:

Mikhail Kissine
Laboratoire de Linguistique Textuelle et de Pragmatique Cognitive
Université Libre de Bruxelles
CP 175
50, avenue Franklin Roosevelt
1050 Bruxelles
Belgium

Please use **one form by person**

Participant information

First Name:

Last Name:

Affiliation:

Postal address:

.....

.....

E-mail address:

Telephone number:

PAYMENT DETAILS (tick as appropriate):

(Please note: payments by cheque are **NOT** accepted)

 Bank transfer to the following account:

Account name: Université Libre de Bruxelles

Account number: 210-0429400-33

IBAN: BE79 2100 4294 0033

BIC: GEBABEBB

IMPORTANT: don't forget to add the following reference:

COMPTE INTERNE : BF0204CV1480

 Credit card:

Card type: Visa

Mastercard

Diners club

Eurocard

American Express

Name of the holder (as on the card):

.....

Card number:

.....

Date of expiration:

.....

Cardholder signature: