

CONNECTING PEOPLE
VICTIMS, OFFENDERS AND COMMUNITIES IN RESTORATIVE JUSTICE
14-16 June 2012, Helsinki, Finland
REGISTRATION FORM

| | | | |
|--|-------|---|--|
| First name: | | Last name: | |
| Organisation: | | Position: | |
| Street, number: | | Postal code and city: | |
| Country: | Tel.: | Fax: | |
| E-mail: | | http:// | |
| Registration BEFORE 15 April 2012 <input type="checkbox"/> I am a member of the Forum and pay 180€ <input type="checkbox"/> I am <u>not</u> a member of the Forum yet, but join my membership application form now* and therefore pay the same fee as members, namely 180€ <input type="checkbox"/> I am <u>not</u> a member of the Forum and therefore pay 250€ | | Registration AFTER 15 April 2012 <input type="checkbox"/> I am a member of the Forum and pay 200€ <input type="checkbox"/> I am <u>not</u> a member of the Forum yet, but join my membership application form now* and therefore pay the same fee as members, namely 200€ <input type="checkbox"/> I am <u>not</u> a member of the Forum and therefore pay 270€ | |
| <input type="checkbox"/> I want to take part in the conference dinner on Friday 15 June and pay an additional 50 €. | | | |
| <input type="checkbox"/> I want to register for the welcome reception on Wednesday evening 13 June at the conference venue. | | | |
| <input type="checkbox"/> I would like to register for the social event on Saturday afternoon (boat trip to the island of Suomenlinna fortress). | | | |
| <input type="checkbox"/> I apply for a waiver of the fee and enclose the waiver-application form. | | | |
| Total to pay: | | Euro | |
| I pay by: <input type="checkbox"/> Transfer on the European Forum bank account. Bank details: KBC Bank Leuven-Ladeuze, Ladeuzeplein 15-19, 3000 Leuven. IBAN: BE35 4310 7636 5137, BIC: KREDBEBB. <u>Mention your name+ "registration conference"!</u> <input type="checkbox"/> Visa/Master card (if you choose to pay via credit card, please fax us a <u>signed</u> version of this form) Name of the account holder as it appears on the card: _____ Card number: _____ Expiry date: __ __ __ CVC code (code on the back of the card in the signature box): _____ Date: _____ Signature: _____ | | | |
| If you require an invoice, please tick box: <input type="checkbox"/> | | If you require a receipt, please tick box: <input type="checkbox"/> | |
| <input type="checkbox"/> I would like to present in a workshop and send a proposal as described in the "call for workshop presentations" <input type="checkbox"/> I am willing to chair a workshop. | | | |
| Special dietary requirements (please be specific): | | | |
| Date: | | Signature: | |

* The membership application form can be downloaded from www.euforumj.org In order to benefit from the reduced registration fee as applying member (fee = 45 euro), it is important that the conference registration form and the membership application form are received by the Secretariat at the same time.

Please return to:
 Secretariat of the European Forum for Restorative Justice
 Hooverplein 10, 3000 Leuven, Belgium
 Tel. 0032 16 32 54 29, Fax: 0032 16 32 54 74
 e-mail: karolien@euforumj.org, <http://www.euforumj.org>