**Registration Form**

Name, surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dinner attendance: Yes □ No□

 Vegetarian: Yes □ No □

Please fax, post or email this registration form to us by **15 September 2011**and transfer the conference fee of 30 EUR (staff) or 15 EUR (students) to the following account:

**Landeshochschulkasse Mainz**

**Deutsche Bundesbank Filiale Mainz**

**KTO 550 015 11**

**BLZ 550 000 00**

**(IBAN: DE25550 00 000 00 5500 1511, BIC: MARKDEF 1550)**

**Verwendungszweck: 6101282869436004, Tagung „Surveillance“**

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