

IGU Urban Geography Commission: Emerging Urban Transformations
Annual Meeting 2012, TU Dortmund, August 21-27, 2012

Payment Form

You may pay your meeting fees by a number of methods, but we need to know how you do or intend to pay (in order to track your money). So, **please tick the appropriate box** in front of the option below to indicate your method of payment and then send us this single page – either by fax or by email-attachment.

Meeting fees are €590,00 Accompanying person fees are €450,00

Name:

Name of accompanying person(s):

I will pay my meeting fees (and accompanying person fees) in the following way:

(i) Bank transfer

The standardized European account details are as follows:

Name of bank: Sparkasse Dortmund
Account number: 001 181 327
Bank sorting code (BLZ): 440 501 99
IBAN: DE09 4405 0199 0001 181327
Swift: DORTDE33

Please mark your bank transfer clearly with the reference **IGU**

(ii) Credit card – now available!

For this we require your credit card details to be sent to us **by fax** (or phone). That is to say, do NOT send your credit card details via email or even email attachment. For this reason, you will find a credit card payment form as page two of this document. Please fill it in, print it out, sign it and fax it to us.

(iii) Personal cheques

Cheques can be sent in and should be made payable to: **TU Dortmund, Fak. 12/Basten**

Please make sure that your cheque is in EURO!

(iv) Invoices

Should you require an invoice from TU Dortmund, please let us know. We will facilitate an invoice being drawn up and sent to you.

Any questions? If so, please don't hesitate to contact ludger.basten@tu-dortmund.de.

FAX

To: + 49 – 231 – 755.2918

Prof. Dr. Ludger Basten
IGU Annual Meeting 2012, TU Dortmund, Germany

From: (your name):

(your fax no.):

(your contact telephone no.):

Payment by credit card:

I hereby authorize the following credit card payment:

Card holder Name (as on card):

Address where card is registered/where statements are sent:

Address:

.....

Town:

Postal code:

Country:

Credit card No.: _____

Type: Mastercard Visa

Valid from: ___ / ___ Expiry date: ___ / ___

Cvv2 no. (last 3 digits on signature strip on reverse of card): ___

€

Payment amount

Date

Signature of card holder