**REGISTRATION FORM**

Please return this registration form with the payment

by email: wsue2024@sciencesconf.org

Or by post : Antenne financière des UFR littéraires, juridique et économique

4, Boulevard Gabriel - 21000 DIJON - FRANCE

Phone number: (+33) 380 395 317

By November 29, 2024 at latest

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTICIPANT**

|  |  |  |  |
| --- | --- | --- | --- |
| **LAST NAME** |  | **First Name** |  |
| **Employed as** |  |
| **Affiliation/Company name** |  |
| **Employer’s Address**  |  |
| **Postcode (ZIP code)** |  | **City** |  |
| **Country** |  |
| **Participant’s Email** |  | **Participant’s Phone** | +(XX) |

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| --- |
| **REGISTRATION FEES TTC** (transaction subject to 10% VAT included = 9,09 €) |
| Please check your status (*Please tick the box)*: | ***Excluding tax*** | ***With 10% VAT*** |
| [ ]  General | 90,91 € | 100 €  |
| [ ]  Guest / Members of LEDi, ED DGEP | Free | Free |
| **Gala Dinner:** *Please tick the box*[ ] Yes [ ] No**Do you need a certificate of attendance?** *Please tick the box*[ ] Yes [ ] No  |  |
| **PAYMENT**  |
| *Please check your payment choice (tick the box)*  |
| [ ]  **By bank check**Payable to « Régisseur des UFR juridique et économique »  |
| [ ]  **By bank transfer** In the Name of Régisseur des UFR juridique et économique Account Trésor Public: DIJON TG 10071/21000/00001006018/21 IBAN: FR 76 1007 1210 0000 0010 0601 821 SWIFT: TRPUFRP1XXX  |
| [ ]  **By credit card** Via the online platform: Fr. : <https://ub.azur-colloque.fr/inscription/fr/8/inscription>En.: <https://ub.azur-colloque.fr/inscription/en/8/inscription> |
| [ ]  **By purchase order**  (**INSTITUTIONAL PAYMENT WITH INVOICE)** At the address of université de Bourgogne – LEDi |

In case of payment by purchase order, please complete the table below:

**According to the following registration certificate:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I, the undersigned** | **Last Name** |  | **First Name** |  |
| **Position held** |  |
| **Affiliation/Company name** |  |
| **Certify that the institution I represent will bear the costs of this registration****and pay it upon presentation of an invoice** |
| **Made in** |  | **Date** |  |
| **Signature and/or stamp** |  |

**Thank you for your registration.**

**Do not forget to send this form and to proceed to the payment before November 30, 2024 to:**

Wsue2024@sciencesconf.org

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**For further information about the conference, please contact:**

**wsue2024@sciencesconf.org**