

**REGISTRATION FORM**

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**"Migration, Home, and Belonging"**  
**ICOM-ICME Annual Meeting**  
**Washington, DC, USA**  
**17-19 October 2017**

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*Optional:* Post-Conference tour to New York, NY, USA, 20-22 October 2017

**PERSONAL DATA**

(Please print clearly)

**SURNAME**

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**FIRST NAME**

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**TITLE**

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**ORGANIZATION**

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**ADDRESS**

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**CITY / TOWN**

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**COUNTRY**

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**POSTAL/ZIP CODE**

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**TELEPHONE**

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**FAX**

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**EMAIL**

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**LANGUAGES SPOKEN**

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**ANY SPECIAL REQUIREMENTS (dietary, disability, etc.)**

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**PARTICIPATION**

I would like to participate with a paper (of up to 20 minutes in length):  Yes  No

I would like to join the optional post-conference tour (October 20-22):  Yes  No

I need a letter of invitation:  Yes  No

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**TITLE OF PAPER & ABSTRACT (up to 200 words.)** please attach abstract

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**A/V REQUIREMENTS FOR PRESENTATION** (e.g.: slide projector, O/H projector, VCR, Power Point/PC, etc.):

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	<b>BEFORE AUGUST 1, 2017</b>	<b>AFTER AUGUST 1, 2017</b>
<b>CONFERENCE REGISTRATION</b>	<b>FEES</b>	<b>FEES</b>
ICME members	€ 190 ☐	€ 200 ☐
Students and participants from economically disadvantaged countries	€ 80 ☐	€ 80 ☐
Non-ICME members	€ 200 ☐	€ 230 ☐
One Day registration	€ 70 ☐	€ 70 ☐
<b><u>Post-conference tour</u></b> New York City and 20-22 October (Optional)	€ 220 ☐	€ 250
<b>TOTAL</b>		Conference fee → € Post-Conference Tour → € Total included € =====

Conference registration fee includes admission to all academic sessions, the conference pack, coffee, tea, one reception, as well as participation in all social events.

The Post-Conference tour fee includes train travel from Washington, DC to New York City, bus transport to the Mashantucket Pequot Museum, multiday subway pass in New York City, 2 lunches, and admission to various museums and sites.

**\*The prices and schedule may be subject to changes.**

## ***HOW TO PAY***

Please remember that all prices are in Euros, bank drafts will not be accepted.

**Include reference number (below) and surname.**

**Bank Transfer (in Euros) to:**

<b>Receiver</b>	<b>: ICOM-ICME</b>
<b>Bank Address</b>	<b>: HSBC-FRANCE, PARIS CBC 502</b>
<b>Account number</b>	<b>: FR-76-30056-00511-05110016577-02</b>
<b>Bank Number</b>	<b>: 30056</b>
<b>BIC-Swift</b>	<b>: CCFRFRPP</b>
<b>IBAN</b>	<b>: FR7630056005110511001657702</b>
<b>Reference</b>	<b>: Washington-2017</b>

**Account belongs to: Dr. Ulf DAHRE**

Payment by bank transfer is to be settled within two weeks of registration.  
Cancellation policy after August 15<sup>th</sup>, 20%, after September 1<sup>st</sup>, 40%, after September 15<sup>th</sup>, no refund.

If you pay for more than one participant, please also include the surname of the colleague in the transfer, thank you.

In order to aid in identifying your payment, please send a copy of the conference registration form and bank transfer receipt to any of the below address.

**Complete this form and send it to:**

**Email:** ulf.johansson\_dahre@soc.lu.se

**OR**

Postal Address: Department of Social Anthropology  
P.O. Box 114, 221 01  
Lund University  
Lund, Sweden

Phone: +4670145200

For further information, please contact

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