[](http://network.icom.museum/icme/)

***REGISTRATION FORM***

**"Migration, Home, and Belonging"**

**ICOM-ICME Annual Meeting**

**Washington, DC, USA**

**17-19 October 2017**

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

***PERSONAL DATA***

(Please print clearly)

**SURNAME**

**FIRST NAME**

**TITLE**

**ORGANIZATION**

**ADDRESS**

**CITY / TOWN**

**COUNTRY**

**POSTAL/ZIP CODE**

**TELEPHONE**

**FAX**

**EMAIL**

**LANGUAGES SPOKEN**

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

***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

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

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

|  |  |  |
| --- | --- | --- |
|  | **before August 1, 2017** | **AFTER AUGUST 1, 2017** |
| **CONFERENCE REGISTRATION** | **FEES** | **FEES** |
| ICME members | **€ 190**  | **€ 200**  |
| Students and participants from economically disadvantaged countries | **€ 80**  | **€ 80**  |
| Non-ICME members | **€ 200**  | **€ 230**  |
| One Day registration | **€ 70**  | **€ 70**  |
|  |  |  |
| **Post-conference tour**  New York City and  20-22 October  *(Optional)* | **€ 220**  | **€ 250** |
| **TOTAL** |  | 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:**

**Receiver : ICOM-ICME**

**Bank Address : HSBC-FRANCE, PARIS CBC 502**  **Account number : FR-76-30056-00511-05110016577-02**

**Bank Number : 30056**

**BIC-Swift : CCFRFRPP**

**IBAN : FR7630056005110511001657702**

**Reference : Washington-2017**

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

Payment by bank transfer is to be settled within two weeks of registration**.**

Cancellation policy after August 15th, 20%, after September 1st, 40%, after September 15th, 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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