****

**REGISTRATION FORM**

|  |  |
| --- | --- |
| **Name  :…………………………………** | **First Name  :……………………………..** |
| **Nationality: ……………………………** |
| **Phone : ………………………………….** | **Email : ……………………………………** |
| **Title : …………………………………….** | **Institution : ………………………………** |
| **Research Laboratory / Research Unit / Company : ………………………………..** |
| **Manuscript (s) ID:…………………………………………………………………………****……………………………………………………………………………………………….****Language of presentation:** |
|  | **French** |  | **English** |  | **Arabic** |
|  |

**Payment method:** Please tick the corresponding box:

|  |  |
| --- | --- |
|  | **Purchase order:** (in the name of the association ATEC2F, MF: 1546264 / M / N / P / 000). |
|  |  |
|  | **Bank transfer: [[1]](#footnote-1)**to the account of the Tunisian Association of Studies in Accounting, Finance and Taxation (ATEC2F) :**Amen BANK, Agence el Mourouj IV**, Ben Arous, TunisiaRIB : 07 077 0135105536003 78IBAN : TN 59 07 077 0135105536003 78Code BIC : CFCTTNTTXXX**IMPORTANT:**Please mention your name and paper ID in the transaction so we can track the payment via the bank. |
|  |
|  |  |

***\*\*\*NOTE: We do not accept on arrival payment***.

**Registration fees:**

**The conference fee must be received no later than September 15, 2025 to assure conference participation.**

**The registration fee includes all of the following:**

* Full conference registration
* All coffee breaks
* An additional lunch on Saturday, October 18th
* Accommodation: One night (October 18 to 19, 2025) with full board (dinner, breakfast, and lunch on the 19th).

**A single room** is available for **resident participants** at an **optional supplement of 100 TND** per night. Reservation is mandatory before **September 10, 2025**, and subject to availability.

**Please tick the option that applies to you**

|  |  |  |  |
| --- | --- | --- | --- |
| **Resident** | **Single Room** | **700 TND** |  |
| **Double Room** | **600 TND** |  |
| **Non-Resident** |  | **300 EUR** |  |

***Other registration details***

**Arrival Date:………………………………………………………………………………….**

**Departure Date………………………………………………………………………………**

**Number of accompanying persons :…………………………………………………….**

**Ages of accompanying persons………………………………………………………….**

For any other information or specific arrangements, do not hesitate to contact the organizing committee on the following address: contactcraft.regist@gmail.com or call (216) 99524477

1. **The form must be sent to the address indicated above accompanied by the documents justifying the bank transfer.** [↑](#footnote-ref-1)