



**“Modelling and control using  
ENERGETIC MACROSCOPIC REPRESENTATION  
Application to hybrid electric vehicles and others”**

**Registration form**

Date of the workshop: June 16<sup>th</sup> to 19<sup>th</sup> 2014

Place of the workshop: Coimbra, Portugal (DEEC-UC) -

Contact: Dr. João Pedro Trovão ([jtrovao@isec.pt](mailto:jtrovao@isec.pt))

**The registration form must be sent (for confidentiality reasons) to:  
Mrs Florbela Fernandes (INESC Coimbra)**

Email: [ffernandes@inescc.pt](mailto:ffernandes@inescc.pt)

Phone: +351 239 851 040

Mail: INESC Coimbra - Instituto de Engenharia de Sistemas e Computadores de Coimbra  
Rua Antero de Quental, N°199  
3000 - 033 Coimbra  
Portugal

**Attendee Information:**

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Title: \_\_\_\_\_

Name of the laboratory or institution: \_\_\_\_\_

Address: \_\_\_\_\_

Zip code: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Registration fees: (inclusive of all tax)**

Title	Before May 31 <sup>th</sup>	After May 31 <sup>th</sup>
Student	50 €	75 €
Regular	100 €	150 €



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**Payment methods:**

**Any registration form sent without payment will be not taken into account**

**Step 1) Registration: Fill up the Order form and send by Email, Fax or Mail to Mrs Florbela Fernandes - INESC Coimbra)**

**Step 2) Payment:**

**Option 1 - Bank transfer** (please mention the name “EMR14 Summer School” for the transfer)

Bank details:

IBAN: PT50 0035 0671 00012286430 83

SWIFT/BIC: CGDIPTPL

Bank name: Caixa Geral de Depósitos

Bank address: Coimbra

Beneficiary: Inesc Coimbra – Instituto de Engenharia de Sistemas e Computadores de Coimbra

NIB: 0035 0671 00012286430 83 (only, if your source account is of Portuguese origin).

**Option 2 – Credit Card**

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visa  MasterCard  Other  Specify: \_\_\_\_\_

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Card Number: \_\_\_\_\_(16 numbers)

Expiration Date: \_\_\_\_\_

CSC Code: \_\_\_\_\_

Print name: \_\_\_\_\_

I authorize INESC Coimbra to debit my above mentioned Card with the total amount of: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_

Signature: \_\_\_\_\_

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**INVOICE INFORMATION**

Name: \_\_\_\_\_

Company/Institution: \_\_\_\_\_ VAT N.º: \_\_\_\_\_

Street: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_