

CAiSE*00 - Registration Form

Kista, Stockholm, Sweden, June 5-9, 2000

Mail to: Birgitta Olsson, DSV, SU/KTH, Electrum 230, SE-164 40 Kista, Sweden

Email to: caise00@dsv.su.se

Fax to: +46-8-703 90 25

This form must be sent by fax or mail if the payment is made by credit card!

First Name(*):		Last Name(*):	
Affiliation:		(*) <input type="checkbox"/> male <input type="checkbox"/> female	
Company/Institution(*):			
Street/Box(*):		Zip or Postal code(*):	
City(*):		Country(*):	
Email:		Phone:	Fax:
		Prices:	
I would like to register for:	Conference <input type="checkbox"/> (incl. mini tutorials)		SEK 4 500
	Workshops: (W1 is Doctoral Consortium) ISE Symposium 2000 Tutorials:	<input type="checkbox"/> W1/DC	SEK 1 500 each workshop if registered for the main conference. Otherwise: SEK 2 000 each workshop SEK 2500 each tutorial if registered for the main conference. Otherwise SEK 3 000 each tutorial. Free of charge if registered for the main conference. Otherwise SEK 1 600 each tutorial
		<input type="checkbox"/> W2	
		<input type="checkbox"/> W3	
		<input type="checkbox"/> W4	
		<input type="checkbox"/> W5	
		<input type="checkbox"/> W6	
<input type="checkbox"/> W7			
<input type="checkbox"/> SY			
<input type="checkbox"/> T1			
<input type="checkbox"/> T2			
<input type="checkbox"/> T3			
<input type="checkbox"/> T4			
<input type="checkbox"/> T5			
<input type="checkbox"/> T6			
<input type="checkbox"/> T7			
Accompanying Person _____		Social Event ticket SEK 500 per accompanying person	
Total Amount (*):			SEK
Method of Payment(*):	By Credit Card		Card number:
	<input type="checkbox"/> Eurocard/MasterCard		_____/_____/_____/_____
	<input type="checkbox"/> VISA		Expiry date: ____/____ (mm/yy)
	Name of card holder:		Signature:
	By Bank transfer		Svenska Institutet för Systemutveckling (SISU)
<input type="checkbox"/> to the Conference account:		Handelsbanken Kista, Box 1013, 164 21 Kista	
		Account no: 6921-131 475 711	
		Swift address: handsess	
By International Cheque		Svenska Institutet för Systemutveckling (SISU)	
<input type="checkbox"/> made payable to:			
By Postal Giro or Bank Giro (mainly for payments within Sweden)			
<input type="checkbox"/> to postal giro		<input type="checkbox"/> to bank giro	
account number 487 42 42-3		account number 441-0700	
Meal requirements: <input type="checkbox"/> Vegetarian, Others:			

Fields with a (*) must be filled out.