

REGISTRATION FORM to be returned to

INRIA - Bureau des Relations Extérieures
Monique Simonetti
B.P. 93
06902 Sophia Antipolis Cedex
France
Tel : + 33 (0) 492 38 78 64 - Fax : + 33 (0)4 92 38 79 55
E-mail : Monique.Simonetti@sophia.inria.fr

Deadline to register :
Early registration : January 31st, 2003
late Registration : February 20, 2003

**MODELING AND OPTIMIZATION IN MOBILE
AD HOC AND WIRELESS NETWORKS
March 3 – 5, 2003**

REGISTRATION FORM

Please fill in and send a signed copy of this form by fax or by post to confirm your registration. (Do not send it by e-mail as e-mail is not secure transfer.)

Name
First Name
Affiliation
Address.....
Zip Code
City..... Country
Tel: Fax:
Email:

REGISTRATION FEES

Early Registration : January 31, 2003 150,00 € (VAT included)
Late Registration : February 20, 2003 200,00 € (VAT included)

These fees include proceedings, three lunches, coffee breaks, banquet and transportation from the hotels of the conference to INRIA. (See more information about the venue and transportation on the workshop web site.)

I register as :

Regular participant /_____/ Participant from low-income country applying for the travel grant /_____/

Student applying for the travel grant * /_____/

*A student applying for the travel grant needs to attach: (a) a letter from his/her home institution certifying that he/she is a student, (b) a recommendation letter from his/her advisor and (c) to be the first author of the paper.

CANCELLATION

Fees will be returned in full for any cancellation received before February 15, 2003 (postmarked stamp). There will be no entitlement for later cancellation.

PAYMENT

- Banker’s draft in EUROS to the order of Agent Comptable de l'INRIA /__/
- Bank transfer to the account of Trésorerie Générale des Yvelines, Versailles, France
16 Avenue de Saint Cloud – Account number : n° 78000-00003003958-80 /__/
(Please indicate your name and the conference reference: Mobile and Networks)
- Credit Card (VISA, MASTERCARD, EUROCARD only accepted) : /__/

Please complete and sign the following :

I authorize INRIA to debit my credit card

Name..... First Name

/__/ VISA /__/ EUROCARD/MASTERCARD

Card's number : /__/_/__/__/_/__/__/_/__/__/_/__/__/_/__/__/_/

Expiration date : /__/_/__/__/_/ Amount : /__/_/__/__/_/

Date : Signature :

PS. : If the registered person has a different name of the credit card owner, the latter should indicate clearly :

I authorize INRIA to debit my Credit Card for the account of M. , and signature.

ARRIVAL / DEPARTURE

Arrival Date and Time :

Departure Date and Time :

Number of nights staying:

For any further information, please contact Monique Simonetti.