REGISTRATION FORM to be returned to DEADLINE TO REGISTER : May 10, 2000

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

MONTE CARLO 2000
MONTE CARLO AND PROBABILISTIC METHODS FOR PARTIAL DIFFERENTIAL EQUATIONS
JULY 3-5, 2000

REGISTRATION

Family Name .... First Names ....
Affiliation...
Address ....
Zip Code ....
City .... Country ....
Tel:.. Fax:..
E-mail:..

REGISTRATION FEES

Non academics	3800,00 FF /__/
Academics	2500,00 FF /__/
Students * **	2000,00 FF /__/

* A copy of the student certificate is required.
** Give the name of the person with whom you want to share your double room:
....

PAYMENT

My registration is made on the following basis:
(indicate your name and the conference name "MONTE CARLO Probabilistic Methods" when you pay)
- By Order Form. I enclose it with the registration form. /__/
- Banker's draft in French francs or EUROS to the order of *Agent Comptable de l'INRIA* /__/
- Bank transfer to the account of *Trésorerie Générale des Yvelines (INRIA) - 16 Avenue de Saint Cloud - Versailles (France) - Account number: 10071-78000-00003003958-80* /__/
- By Credit Card (VISA, EUROCARD/MASTERCARD only accepted) /__/

Please fill in and sign the following form:

Family Name .... First Name ....

I authorize INRIA to debit my Credit Card:
/__/ VISA /__/ EUROCARD/MASTERCARD

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

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

Date: Signature:

If you need a letter confirming your participation, please state it. /__/

For domestic flights with AIR France or AOM:
AIR France /__/ AOM /__/

GROUND TRANSPORTATION Nice airport/Monaco/Nice airport

I want to use the conference bus on July 3 and 5 /__/

ARRIVAL-DEPARTURE (Nice airport):
Time of arrival (July 3): ....
Time of departure (July 5): ....

EXTRA LODGING FACILITIES

Option 1: Extra nights /__/ in single /__/ or double /__/ room
From .... to .... Number of nights ....

Option 2: Accompanying person /__/
From .... to .... Number of nights ....

Payment through Credit Card

Family Name .... First Name ....

/__/ VISA /__/ EUROCARD/MASTERCARD /__/ Other...

Card Number
/__ /__ /__ /__ /__ /__ /__ /__ /__ /__ /__ /__ /__ /__ /__ /__/

Expiration date:
/__ /__ /__ /__ /

Date: Signature: