6th European Workshop on AD

INRIA Sophia-Antipolis, France
Thursday 15th and Friday 16th November 2007

Registration form to return to:

INRIA - Monique SIMONETTI - 2004 Route des Lucioles - BP 93
06902 Sophia Antipolis cedex, France
Email: monique.simonetti@sophia.inria.fr
Tel +33 (0) 492 38 78 64   Fax: +33 (0) 492 38 76 33

☐ Ms ☐ Mr   Last name:

First name:

Affiliation:

Address:

ZIP code: City: Country:

Phone: Fax:

Email:

REGISTRATION FEE (VAT 19,6% included):

☐ Academic:100€   ☐ Non-Academic:150€   ☐ Student:50€

PAYMENT:

Payment can be made using one the following ways:

- Bank draft in Euros to the order of "Agent Comptable de l'INRIA" sent by snail mail to Monique Simonetti. Please mention your name and Workshop on AD.

- Bank transfer to the order of "Agent Comptable de l'INRIA" through a **Purchase Order**.
  Bank name: Trésorerie générale des Yvelines, 16 avenue de Saint-Cloud, 78018 Versailles, France.
  Account Number: 10071 78000 00001003958 48
  BIC Code: BDFEFRPPXXX
  IBAN Code: FR76 1007 1780 0000 0010 0395 848
  Please make sure that your name and the workshop name (6th Workshop on AD) are clearly mentioned with your payment.

- Credit card (VISA or EUROCARD - MASTERCARD)
  Please fill out legibly and sign the following form:

  Cardholder's name: . . . .
  First Name: . . . .
  I authorize INRIA to debit my Credit Card:
  ☐ VISA   ☐ EUROCARD - MASTERCARD   Amount: /_/_/_/ Euros
  Card number: /_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/
  Expiration date: /_/_/ /_/_/
  Security code: /_/_/_/   (The last three figures on the back of your card)
  NB: If the cardholder is different from the registrating person, the cardholder must complete legibly the following formula: **I authorize INRIA to debit my credit card for the account of M**. . . . .

  Cardholder's signature:

IMPORTANT : Registration without payment or purchase order cannot be considered. Fees will be returned in full for any written cancellation received before November 1st, 2007 (postmarked stamp). No refund will be made after this date.

Date: Signature: