



Registration Form

To register, please fill out this form and return the information using one of the methods provided below. Be sure to fill out all the applicable entries, using block letters.

By mail: S Farrenden

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University of Southampton

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UK

By fax (preferred): +44 023 8059 4489 By e-mail: mme06@ecs.soton.ac.uk

Your details:

☐ Mr. / ☐ Mrs. / ☐ Ms. / ☐ Other:			
Family Name:	First nar	me:	
Organisation:	·		
Department:			
Address:			
Postal Code:	City:		
Country:			
Telephone:	Fax:		
E-mail:			
Registration fees:			
110910111111111111111111111111111111111		Fee	Amount to be paid
Standard conference rate (inc. accommodation)		£400	
Conference day rate		£300	
Optional Tour		£25	
Extra Days Accommodation (Saturday night)		£40	
Evening Banquet 4th September (extra ticket)		£60	
		Total:	

1. Credit card ☐ Master Card □ Visa ☐ Switch/Solo Card number: Name on card: Issue Number (Switch cards only) CVC (3-digit number on back side of your credit card): Start Date (month/year) : Expiry Date (month/year): Address (if not above): from my credit card. I authorise the University of Southampton to debit £ Signature: Date: 2. If paying by cheque or bankers draft please make payable to University of Southampton and fill out table. Bank Draft/Cheque Number: Issuing Bank:

Method of payment (UK Pounds only):