Registration form

ACM SIGOPS EUROPEAN WORKSHOP 2004

September 19-22, 2004, Leuven, Belgium.

First Name: ☐

Last Name: ☐

Organization: ☐

Address:

Phone: ☐

Fax: ☐

E-mail: ☐

ACM Member: ☐Yes ☐No ACM Number ☐

SIGOPS Member: ☐Yes ☐No

Registration as: ☐1st author ☐2nd author ☐PC member
☐Other: ☐

Name and affiliation as you want them to appear on your badge:

Registration Fee

The workshop registration fee includes attendance at the workshop, one copy of the workshop proceedings, the reception on Sunday evening, the conference dinner on Tuesday evening, and lunches on Monday, Tuesday, and Wednesday. Also included is a visit to the brewery Stella Artois, organized on Monday.

PhD Student: ☐Yes ☐No (If yes, include certificate from advisor)

I will attend the banquet: ☐Yes ☐No Number of *additional* tickets (90 euro/ticket): ☐

	Early (before August 15)	Late (after August 15)
ACM or SIGOPS member	☐ EUR 585	☐ EUR 735
Non-member	☐ EUR 735	☐ EUR 880
PhD Student	☐ EUR 410	☐ EUR 515

Payment

☐ I will transfer the amount of   EUR [____]   to the SIGOPSEW 2004 account, number 432-0000011-57 of the K.U.Leuven, Krakenstraat 3, B-3000 Leuven, BELGIUM, quoting reference: HCG-ACMEW1-P3620.
The SWIFT number of the bank is: KREDBE BB (KBC-Bank, Bedrijvenkantoor Leuven, Interleuvenlaan 15C, B-3001 Heverlee, BELGIUM). Mention "Participation SIGOPSEW04" + your name.

☐ I prefer payment by credit card: ☐ VISA   ☐ MASTERCARD

Amount: EUR [____]

Name on Card: [_____]   Signature:

Card Number: [_____]

Expiration Date: [_____]   ....

Date: ....   Signature: ....

Please complete, print and sign this registration form before _September 15, 2004_ and return it by mail or fax to:

SIGOPSEW04 Registration,
Department of Computer Science, K.U.Leuven,
Celestijnenlaan 200A,
B-3001 Leuven,
Belgium

Fax : ++ 32(0)16 32 79 96