

PAPERCODE: _____

ESM'2007

ESM'2007 REGULAR PAPER REGISTRATION FORM
October 22-24, 2007, St.Julians, Malta

Please return this completed form with your manuscript

Author Registration Closes **October 1st, 2007**. For a paper to be printed in the Conference Proceedings, we must receive the copyright form(s) and **paid registration for at least one author of each paper by that date**. Each registration covers only 1 paper

Author registrations will not be refunded, but may be transferred to a designee who will present the paper at the Conference.

Please legibly print or type and fill out completely.

NAME

LAST FIRST M.I

COMPANY OR AFFILIATION

Mailing address (tick one):

HOME BUSINESS

STREET

CITY

ZIPCODE COUNTRY

() / ()

TELEPHONE FAX

EMAIL

DATE SIGNATURE

A. AUTHOR REGISTRATION

1. BASIC REGISTRATION FEE. €485

(Fees include all lunches, coffees, conference dinner and conference proceedings)

2. If your registration is **AFTER 1st of October** ADDITIONAL FEE €50

B. Excess page fee €60
For each page over 5, FIVE pages

C. Copying fee €1 per copy page (if 4 copies are not included with paper) €

(C. INVALID WHEN COPIES WERE SENT ELECTRONICALLY)

VAT Number if applicable: _____

REMITTANCE:

A. Registration Fee € _____

B. Excess Page Fee (see page 1 of author letter for instructions) € _____

C. Copying Fee (only if 4 copies of paper are not included) € _____

TOTAL AMOUNT DUE € _____

ADD BANK CHARGE of €10 in case you pay by BANK or CHEQUE. € _____

TOTAL AMOUNT REMITTED € _____

1) Make payment by **BANK TRANSFER** to account No. **001-4081477-84, ETI Bvba, FORTIS BANK, Branch Office Ghent Centre, Zonnestraat 2, B-9000 Ghent, Belgium. IBAN CODE: BE03 0014 0814 7784, SWIFT CODE: GEBABEBB : 001-4081477-84: MENTION YOUR NAME AND ESM'2007 AND ADD A COPY OF PAYMENT TO THIS FORM**

2) Or pay by **CHEQUE** and send it to Philippe Geril, Ghent University, Dept. Industr. Mgmt, Technologiepark 903, B-9052, Ghent, Zwijnaarde, Belgium.

3) Or pay by **CREDITCARD**: (amount deducted in € only)

Charge my (tick one)

Visa Euro/Mastercard American Express Diners

||| ||| ||| ||| |||
CARD NO. EXP.DATE

Authorizing Signature

PRINT SIGNATURE

PURCHASE ORDERS ARE NOT ACCEPTED

FAXED CREDIT CARD INFORMATION IS NOT ACCEPTED. **FAXED CREDIT CARD DATA NEED TO BE BACKED UP BY A MAILED COPY.**

MAIL REGISTRATION FORM AND PAYMENT FORM COPY (1) / CHEQUE (2) / CREDITCARD INFO (3) TO: Philippe Geril, European Simulation Office, European Simulation Office, Ghent University, Dept. Industr. Mgmt, Technologiepark 903, B-9052, Ghent, Zwijnaarde, Belgium.