CONFERENCE SHORT PAPER REGISTRATION FORM
MONTH DATES, YEAR, VENUE, LOCATION, COUNTRY

Please return this completed form with your manuscript.

Author Registration Closes MONTH DAY, YEAR. 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 (one) 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.

[ ] € XXX

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

2. If your registration is AFTER DAY of MONTH ADDITIONAL FEE

[ ] € XX

B. Excess page fee

[ ] € XX

For each page over 3, THREE pages

YOUR VAT NUMBER:

________________________________________

REMITTANCE:

A. Registration Fee

€ ______

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

€ ______

C. ADD COUNTRY VAT OF XX%

€ ______

TOTAL AMOUNT DUE

€ ______

ADD BANK CHARGE of € 15 in case you pay by BANK or CHEQUE.

€ ______

TOTAL AMOUNT REMITTED

€ ______

[ ] 1) Make payment by BANK TRANSFER to account No. IBAN CODE: BE03 0014 0814 7784, ETI Bvba, BNP PARIBAS FORTIS BANK, Torhoutsesteenweg 356, B-8400 Ostend, Belgium. SWIFT CODE: GebabeBB: MENTION YOUR NAME AND CONFERENCE AND ADD A COPY OF PAYMENT TO THIS FORM.

[ ] 2) Or pay by CHEQUE and send it to Philippe Geril, c/o EUROSIS-ETI, Greenbridge Science Park, Ghent University – Ostend Campus, Wetenschapspark 1, Plassendale 1, B-8400 Ostend, 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 if you are NOT the author.

PURCHASE ORDERS ARE NOT ACCEPTED

FAXED CREDIT CARD INFORMATION IS NOT ACCEPTED AS LEGIBILITY IS SOMETIMES DECREASED THROUGH THE FAXING PROCESS. FAXED CREDIT CARD DATA NEED TO BE BACKED UP BY A MAILED COPY. ALSO MAKE SURE YOUR CARD IS STILL VALID.

MAIL REGISTRATION FORM AND PAYMENT FORM COPY (1) / CHEQUE (2) / CREDITCARD INFO (3) TO: Philippe Geril, EUROSIS-ETI, European Simulation Office, Greenbridge NV, Wetenschapspark 1, Plassendale 1, B-8400 Ostend, Belgium.