Konferensens namn

REGISTRATION AND ACCOMODATION FORM

Family name .....First name .....
Profession/Title .....
Institution .....
Correspondence address .....
..... Country .....
E-mail .....
Telephone ..... Telefax.....

REGISTRATION *	Price/Pers	SEK
Before *mm dd*	XXX	.....
After *mm dd*	XXX	.....
Students before *mm dd*	XXX	.....
Students after *mm dd*	XXX	.....

SOCIAL PROGRAMME *

Afternoon excursion	..... Yes	..... No	Incl.	
Accompanying person	.....Yes	*ev avgift*		.....
Welcome reception	..... Yes	..... No	Incl.	
Accompanying person	..... Yes	*ev avgift*		.....
Conference Dinner	..... Yes	..... No	XXX	.....
Accompanying person	.....Yes		XXX	.....

* VAT 20% included in the fee

CANCELLATION
All fees well be refunded for written cancellations received before *dd mm* less SEK XXX:-cancellation charge. No refunds for cancellation made after *dd mm*.

PAYMENT
All payment should be made in SEK (Swedish kronor) payable to CHALMERS/Matematik. Please refer to *"konferensens namn"* and clearly mark payment with your name and institution/Organisation. Please indicate your means of payment:

.....	Banker's draft	.....	Bank Account: 30557711371, Nordbanken, 405 09 Göteborg SWIFT: NBBKSEGG
.....	American Express	.....	Eurocard/Mastercard
.....	Visa	.....	Postal giro 4589358-3

Charge my credit card No: .....Expiry date: .....

Date: .....Cardholders sign:.....

Return this form and payment to:
CHALMERS
Matematik
412 96 GÖTEBORG
SWEDEN
Phone: +46 31 772 1000
Fax: +46 31 16 19 73

VAT-nr: SE 556479559801