



Registration form

Please fill in this form and return it by fax or email with payment to:

Valérie LECOMTE - INRIA/IRISA -Campus de Beaulieu
35042 RENNES Cedex - FRANCE

Fax: +33 2 99 84 71 71

Email: info_miccai@irisa.fr

1- PARTICIPANT

Title: Ms Mrs Mr Dr. Prof Other

First name*: _____ Middle name: _____ Last (Family) name*: _____

Male: Female:

Are you a presenting author?: yes - paper submission number: / no

Are you a student?: yes - Supervisor name: / no

Institution*: _____

Institution address 1: _____

Institution address 2: _____

City*: _____ State/Province/Region: _____ Postal/ZIP code: _____ Country*: _____

Phone: _____ (please include your country code) Fax: _____ (please include your country code)

Email: _____

*: will appear on the badge

Special dietary request (will be provided if possible):

2- REGISTRATION (TVA 19,6 % included)

▶ **Tutorial** September 26, 2004 – Saint-Malo

Fees per person for the whole day: lunch, coffee breaks and Tutorials documents included

Academic

200 €

Student (**student validation form** required)

150 €

Tutorial attendance:

▶ Morning

TAM1:

TAM2:

TAM3:

▶ Afternoon

TPM1:

TPM2:

TPM3:

► **Conference September 27-29, 2004 – Saint-Malo**

Fees per person for the whole conference: cocktail, lunches, coffee breaks, gala dinner and proceedings included

Academic	720 €	<input type="checkbox"/>
Student (student validation form required)	410 €	<input type="checkbox"/>
Extra proceeding	90 € x ... = ... €	
Extra Gala Dinner (for accompanying person)	90 € x ... = ... €	

Accompanying person for extra gala dinner only):

Title: Ms Mrs Mr Dr. Other

Guest's First name*: _____ Guest's Middle name: _____ Guest's Last (Family) name*: _____

Please note below special dietary requests (will be provided if possible):

► **Satellite Workshops September 30, 2004 - Rennes**

Fees per person for the whole day: lunch, coffee breaks and proceedings included

Academic	150 €	<input type="checkbox"/>
Student (student validation form required)	110 €	<input type="checkbox"/>

Workshops Attendance: AMI-ARCS 2004 Workshop or DiDaMIC-2004 Workshop

TOTAL (in euro)..... €

4- PAYMENT INFORMATION

By Credit card. The signed original form should be mailed to the address above.

Cardholder name and first name: _____ hereby authorize INRIA to charge my credit card:

Visa Mastercard Eurocard (*American Express and Diner's Club are not accepted*) :

Card number: |_|_|_|_|_| / |_|_|_|_|_| / |_|_|_|_|_| / |_|_|_|_|_|

Expiration date: ____ / ____

Amount : _____

Signature:

By bank transfer. Trésorerie Générale des Yvelines, 16 avenue de Saint-Cloud, 78018 Versailles Cedex, France. (10071: bank code - 78000: branch code - 00003003958: account number - 80: key – Swift code: FR 76 1007 1780 0000 0030 0395 880). **Please do not forget to state your name and the Conference reference : MICCAI 2004**

By cheque spelled in **Euros** drawn out of a French Bank, written out to **MICCAI 2004**. Cheques should be enclosed with the printed copy of the registration form and made payable to **the Agent Comptable de l'INRIA**.

By purchase order (for French delegates only). Purchase orders should be enclosed with the printed copy of the registration form. **Please do not forget to state your name and the Conference reference : MICCAI 2004**

4- CANCELLATION

The cancellation policy is as follow:

A 50 € administrative fee will be charged on all cancellations before August 31st, 2004. No refunds will be issued after August 31st.

5- CATERING In order to help the conference organization, please tick the appropriate boxes below:

I will have lunch(es) on: Sunday 26 Monday 27 Tuesday 28 Wednesday 29 Thursday 30

I will attend the banquet on Tuesday 28

Please note any comment : _____