To be signed and faxed to: +49-8153-28-1871 (to be forwarded to Mrs. Jutta Uelner, DLR-OP-KN-S)

LoCA 2007 Symposium Registration Form

_____ _____
Last Name First Name

_____
Company/Institution

_____ _____ _____
City Country Postal Code

_____ _____
Phone Fax

_____
E-Mail

Do you present a paper at LoCA? yes: □ no: □

_____
If yes, what is the title?

Do you stay in one of the hotels recommended on the LoCA 2007 website and would like to make use of the shuttle service? yes: □ no: □

_____
If yes, what is the name and location of the hotel?

Are you vegetarian? yes: □ no: □

Registration Fee:

Includes a printed copy of the LNCS conference proceeding, social event dinner on Thursday and lunch on Thursday and Friday, refreshments and coffee, bus shuttle.

on or before July 29th 2007: **€195,-** after July 29th 2007: **€250,-**

___ extra social event dinner tickets: **€60,-**

Payment Method

How would you like to pay?

□ credit card number: _____ expires: ___/___

issued by : VISA □ Mastercard □

□ bank transfer SWIFT/BIC: COBADEFF370 IBAN: DE77370400440500116900
Name of the Bank: "Commerzbank Cologne", Beneficiary: "DLR"
Subject: "LoCA 2007, Kostentraeger: 3 482 158, <yourname>"

Your **total fee** is (please sum up early/late registration and any extra fees): **€**_____

_____ _____
Date DD.MM.YYYY Your signature + stamp