VLSI-SOC 2001 REGISTRATION FORM

11th IFIP International Conference on Very Large Scale Integration
The Global System on Chip Design & CAD Conference
Montpellier, France, December 3-5, 2001

Fax or send before **October 31st , 2001** to: ⇨

Sté INTERNATIONALE DE CONGRES ET SERVICES
337, rue de la Combe Caude - 34090 MONTPELLIER - France
Tel. : +33 (0)4 67 63 53 40 - **Fax : +33 (0)4 67 41 94 27**
for administration use only **VLSI-SOC01** |__|__|__| |__|__|__|__|
N° congressiste date

Identification ☐ Mrs ☐ Ms ☐ Mr *(Fill out 1 form per participant. Please TYPE in BLOCK LETTERS).*

FAMILY NAME |__|__|__|__|__|__|__|__|__|__|__|__|__|__| **First name** |__|__|__|__|__|__|__|__|__|

Affiliation ..... **Function** .....

Address.....

City ..... **State**.....

Zip code ..... **Country**.....

|__|__|__|__|__|__|__|__|__|__|__|__| |__|__|__|__|__|__|__|__|__|__|__|__|

Phone (working hours): Country code/ city code/ number **Fax**: Country code/ City code/ number

E-mail |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

REGISTRATION FEES	**before** October 31st, 2001	**after** October 31st, 2001	
Conference regular fee	400 EURO	480 EURO	=…...……...EURO
Accompanying person (Conference Dinner only)	50 EURO	50 EURO	=…...……...EURO
		TOTAL	=…...……...EURO

PAYMENT MODALITIES (Euro only):

Option 1 ☐ **bank check** payable to **" CSI – VLSI-SOC 2001 "**

Option 2 ☐ **bank transfer** (Do not forget the mention **"free of charge to the receiver"**) to :

Bordelaise de CIC - 9, place de la Comédie - 34000 Montpellier - France

Account holder : C.S.I. CONGRES - **SWIFT Code** : SBCiFR2B - **Bank Code** : 10057

Office Code : 02100 - **Account number** : 0102103071B - **RIB Key** : 25

Option 3 ☐ **credit cards** accepted : ☐ Master card ☐ Visa ☐ Eurocard

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| |__|__| |__|__|
Card number **Expires** (Month/Year)

Card owner |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| |__|__|__|__|__|__|__|__|__|__|__|
Name **First name**

authorizes C.S.I. CONGRES to debit ..... EURO to my credit card.

SIGNATURE mandatory : |__|__| |__|__| |__|__|
Date (Month/Day/Year)

Important

- To be taken into consideration registration forms must be sent along with appropriate payment (check or credit card number and expiration date) or copy of bank transfer order.
- Registration requests made by phone are not accepted.
- The signing of this form implies the agreement of the person who signed with all conditions described in the general information.

Cancellation by registered delivery mail including your bank's address and account number.

Withheld amounts :
- before November 10th, 2001: 50 EURO for administrative charges
- after November 10th, 2001: no reimbursement will be granted