

TIME 2011

Registration Form

Please print this form, fill in the data, and then either fax it to **+49 451 500 5552** or scan it and send it to **time11-org@isp.uni-luebeck.de**.

Personal Information

Family name _____

First name _____

Title Mr Ms Dr. Prof.

If applicable:

Presenter of paper no. _____

Email _____

Phone _____

Fax _____

Institution _____

Address _____

City _____ Postcode _____

Country _____

Payment

Amount of registration fee:

until June 17, 2011	€ 290
from June 17 – August 14, 2011	€ 330
from August 15, 2011	€ 370

Type of credit card Mastercard VISA Other _____

Number _____

Name on card _____

Expiry date (month / year) _____

CVN (Card Verification No.) _____

Date _____

Signature of card holder _____

Remarks

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