



2003 IEEE Information Theory Workshop
La Sorbonne, Paris, March 30-April 4 2003
<http://itw2003.enst.fr>
Workshop Registration Form



Title: _____ Surname: _____

First name: _____

Institution: _____

Mailing Address: _____

Country: _____ Post/Zip Code: _____

E-mail address: _____

Fax: _____ Phone: _____

Registration

- IEEE/SEE members - Early Registration (up until 17 February 2003) **EUR 430**
- IEEE/SEE non members - Early Registration (up until 17 February 2003) **EUR 540**
- Students and IEEE Life members - Early Registration (up until 17 February 2003) **EUR 330**
- IEEE/SEE members - Late Registration (after 17 February 2003) **EUR 510**
- IEEE/SEE non members - Late Registration (after 17 February 2003) **EUR 620**
- Students and IEEE Life members - Late Registration (after 17 February 2003) **EUR 410**

All registrations include morning and afternoon teas, opening reception, excursion to *Chateau de Versailles*, museum visit and banquet at *Musée d'Orsay*, and printed proceedings.

Extra tickets for Musée d'Orsay (museum visit and banquet)

Details can be found on ITW'2003 web page, see also www.musee-orsay.fr

Please book _____ extra Banquet Tickets @ **EUR 125** per ticket. Total Cost: _____

Extra tickets for Chateau de Versailles excursion

Time has been allowed in the program for an afternoon trip to the Chateau de Versailles
 Details can be found on ITW'2003 web page, see also www.chateauversailles.fr

Please book: _____ tickets to Versailles @ **EUR 15** per ticket. Total Cost: _____

GRAND TOTAL: EUR _____

All costs quoted are in Euros (EUR) and all payments should be made in Euros.

I enclose a cheque in Euros payable to "SEE". Bank: _____ Cheque no: _____

Payment by SWIFT transfer: Code BNPA FRP PPXV

Payment by bank transfer: BNP Paris V. Brancion, 26 rue de Vouillé, 75015 Paris, France.

Account no 30004 01402 00020183979 95

Credit Card Payment: I hereby authorize SEE to charge my credit card

- Visa Mastercard American Express

Name on Card (please print): _____

Number on Card: _____/_____/_____/_____ Expiry Date: _____/_____/_____

Signature: _____ Date: _____

Please return to: SEE – Conference Dept, 17, rue Hamelin, 75783 Paris Cedex 16 - France
 Phone: +33 1 5690 3705, Fax: +33 1 5690 3708, E-Mail: congres@see.asso.fr