

Please return this form **by fax to +41-22-3380410** or by mail to the Ada-Europe 2007 Local Chair:
Régis BOESCH
Geneva School of Engineering
4 rue de la Prairie
CH-1202 Geneva, Switzerland

Participant Registration Form

12th International Conference on Reliable Software
Technologies – Ada-Europe 2007

25-29 June 2007, Geneva, Switzerland

<http://www.ada-europe.org/conference2007.html>

Please use block capitals

Participant Ms Mr Title: _____

First name: _____ Last name: _____

Affiliation/Organization: _____

Address: _____

City: _____ State: _____

Country: _____ Zip/Postal code: _____

Phone: _____ Fax: _____ Email: _____

Special requirements (e.g. diet): _____

There are number of other “in cooperation” conferences in this area (such as ACM SIGAda). Indicate whether you want to receive information about other conferences: Yes No

Reduced registration fee

Member Ada-Europe; national organization _____ Academia

Member ACM; membership number _____

Additional Comments: _____

Registration time: Early registration (by May 31th) . Late registration or on site (after May 31th)

Registration Fees (see table on Ada-Europe 2007 webpage <http://www.ada-europe.org/conference2007.html>)

Conference registration fee

Three days registration: _____ CHF

Individual days (Tue Wed Thu): _____ CHF

Tutorial registration (please indicate the tutorials for which you want to register):

Monday, June 25th T1 T2 T3 T4 T5

Friday, June 29th T6 T7 T8

Tutorial registration fee: _____ CHF

Extra banquet tickets (120 CHF each): _____ CHF

Extra reception tickets (40 CHF each): _____ CHF

Extra lunch tickets (60 CHF each): _____ CHF

Extra proceedings (60 CHF each): _____ CHF

Total Payment Due: _____ CHF

Payment method

By bank transfer ⁽¹⁾

Beneficiary

*Ecole d'Ingénieurs de Genève, HES-SO
Address: 4 Rue Prairie CH 1202, Geneva,
Switzerland
IBAN: CH68 0900 0000 1707 5646 1*

Please attach a copy of the bank draft to this form

Bank

*SWISS POST - POST FINANCE
Identifier (SWIFT/BIC): POFICHBEXXX
Address: Engehaldenstrasse 35, CH-3030 Bern,
Switzerland.*

By check ⁽¹⁾, for _____ CHF, made payable to *Ecole d'Ingénieurs de Genève, Switzerland.*

By credit card Visa Mastercard American Express

Card Number: _____ Expiration date: _____

Cardholder Name: _____ CVC : _____

Signature: _____ Date: _____

(1) Please make cheques or bank transfers in CHF. Payments in other currencies will not be accepted.