

**REGISTRATION FORM TO BE FAXED OR SENT TO:
RTNS 2007, NANCY, MARCH 29TH TO 30TH**

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Registration deadline: Registration form and payment must be **received by Friday, March 16th, 2007. Thanks!**

- **Regular registration:** registration for one person. *Fill in part A*
- **Dual registration:** special fees for joint registration of one student and one permanent researcher (prof., associate prof., full time researcher). *Fill in part A + B*

<i>PART A:</i>	
Last name (family name): _____	First name: _____
Title: (Prof., Dr., other) _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
E-mail: _____	
Affiliation: _____	
Street & number: _____	
City: _____	State: _____ Zip code: _____
Country: _____ Phone (including area/country code): _____	
Vegetarian Food: <input type="checkbox"/> yes <input type="checkbox"/> no	

Registration Fees include: Conference attendance, lunches, coffee breaks, gala dinner and social event (VAT 19,6% included)

Conference registration	Fees
Regular registration for one person (A)	__ X 200 €
Dual registration for 1 Permanent researcher + 1 Student * (A+B)	__ X 300 €
Gala dinner and Social event for accompanying person (not needed for dual registration)	__ X 60 €
Total:	_____ €

** Exclusively for 1 permanent researcher and 1 student from the same organization. Please join a copy of the student card. Please note that the fees for joint registration must be paid as a single payment.*

<i>PART B - Information about the 2nd person:</i>	
Last name (family name): _____	First name: _____
Title: (Prof., Dr., other) _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
E-mail: _____	
Affiliation: _____	
Street & number: _____	
City: _____	State: _____ Zip code: _____
Country: _____ Phone (including area/country code): _____	
Vegetarian Food: <input type="checkbox"/> yes <input type="checkbox"/> no	

× **PAYMENT (select one option)**

Please charge my credit card

Card type: <input type="checkbox"/> Visa <input type="checkbox"/> Master card
Credit card number: _____ Expiry date (month/year): ____/____
Amount: _____ €
Card holder name: _____
Card holder signature: _____

Please find enclosed a Bank Check ofEuros
Make checks (in Euros only) payable to "Agent Comptable de l'INRIA"

Bon de commande (for French Academic only) or Bank transfer:

A copy of the bank transfer should be enclosed with the registration form. Please quote RTNS 2007 as reference.
Name of the Bank: Trésorerie Générale des Yvelines
Beneficiary: Agent comptable de l'INRIA
Address: 16, avenue de Saint Cloud - 78018 Versailles - France
Account number: 00001003958 - RIBKey : 48
Bank code: 10071 - Agency: 78000
Swift code: BDFEFRPPXXX - IBAN FR 76 1007 1780 0000 0010 0395 848
Siret INRIA: 180 089047 00013

Note: To register, please FAX a copy of the filled form to the number and name indicated on the top (payment must still be received by Friday March, 16th 2007).