

Individual Registration Form

To be returned to

GL & IS

8, rue du Parc
92190 Meudon
France

genie-logiciel@wanadoo.fr (preferred)

or

Fax: +331 46 23 82 93

Last Name:.....

First Name:.....

Organization:.....

Address:.....

.....

City:.....

Postal/ZIP code:.....

Country

Telephone:.....

Fax:.....

e-mail:.....

<i>Incl. VAT</i>	Industrial fee	University fee	Student fee
3 days	<input type="checkbox"/> € 765	<input type="checkbox"/> € 450	<input type="checkbox"/> € 180
2 days (check)	<input type="checkbox"/> € 600	<input type="checkbox"/> € 350	<input type="checkbox"/> € 160
<input type="checkbox"/> December 9			
<input type="checkbox"/> December 10			
<input type="checkbox"/> December 11			

I plan to attend the following sessions and/or tutorials:

Sessions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Tutorials	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		

Transport discount

I would like to receive:

- The French Railways (SNCF) discount form (domestic lines)
- The Air France discount form

PAYMENT

Only those applications received with payment enclosed will be honored

- Payment by Credit Card (CB, MasterCard, VISA)

Amount in Euros:

Name of holder:

Bank identification:

Card number (16 figures)

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Expiry date:

Last 3 figures (on card's back)

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- Payment by check

Please find enclosed a check payable to:

GL & IS

in the amount of: €.....

- Payment by bank transfer

BNP (49, rue de la République, 92190 Meudon, France)

Bank code: 30004

Branch code: 00883

Account number: 00010014440

RIB key: 06

IBAN: FR76 3000 4008 8300 0100 1444 006

BIC Code: BNPAFRPPVRS

Invoicing address

Organization:

Address:.....

.....

.....

City:

Postal/ZIP Code:.....

Telephone:.....

Fax:.....

e-mail:.....

Name and signature of responsible person:

.....

Signature

Date:

Organization

Stamp