

ICSSEA 2013

To be returned to :

GL & IS

8, rue du Parc

92190 Meudon

France

Email to : genie-logiciel@orange.fr (preferred)

Last Name:

First Name:

Organization:

Address:

City:

Postal/ZIP code:

Country:

Telephone:

Fax:

e-mail:

	Industrial fee	University fee	Student fee
Fee Incl. VAT	<input type="checkbox"/> € 730	<input type="checkbox"/> € 415	<input type="checkbox"/> € 220

Lunches (optional)	November 4	November 5	November 6
	<input type="checkbox"/> € 20	<input type="checkbox"/> € 20	<input type="checkbox"/> € 20

Total	€
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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

Tutorials	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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Webinar	<input type="checkbox"/>
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Concert & Dinner : Included in the registration, however registration is required.	<input type="checkbox"/>
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Individual Registration Form

Transport discount

Get the best price for your flight with *AIR FRANCE & KLM Global Meeting*. Event ID Code to keep for the booking: **TBA**

You may book directly on line on the site: **TBA**

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 (MM/YY):.....

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: