

Individual Registration Form

To be returned to

CMSL

Conservatoire National des Arts et Métiers
c/o Chaire d'Intégration de Systèmes
292, rue Saint-Martin
75141 Paris Cedex 3
France

Fax: +331 40 27 23 77

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"/> € 150
2 days (check)			
<input type="checkbox"/> December 5	<input type="checkbox"/> € 600	<input type="checkbox"/> € 350	<input type="checkbox"/> € 150
<input type="checkbox"/> December 6			
<input type="checkbox"/> December 7			
Proceedings	€ 73		
Lunches	December 5	December 6	December 7
	<input type="checkbox"/> € 23	<input type="checkbox"/> € 23	<input type="checkbox"/> € 23
TOTAL			

I plan to attend the following sessions and 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
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 (Agreement number AXZE SE 6610)



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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Last 3 figures (on card's back)

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- Payment by check

Please find enclosed a check payable to:

ARCNAM Île de France ICSSEA

in the amount of: €.....

- Payment by bank transfer

Crédit Lyonnais (31, boulevard des Italiens, 75002 Paris, France)

Bank code: 30002 Branch code: 00561

Account number: 0000480950N

RIB key: 06

Branch: CL AGENCE CENTRALE (00561)

IBAN: FR35 3000 2005 6100 0048 0950 N06

BIC Code: CRLYFRPP

Invoicing address

Organization:

Address:.....

City:

Postal/ZIP Code:.....

Telephone:.....

Fax:.....

e-mail:.....

Name and signature of responsible person:

Signature

Date:

Organization

Stamp