

MSPN'2015 INSCRIPTION FORM

**Please print this form and fill in with the required information.
And then, please return it by mail together with either your credit
card information or a copy of the bank transfer to**

E-mail: selma.boumerdassi@inria.fr

Last Name (Family Name) _____

First Name _____

Title: Prof., Dr., Mr., Mrs., Miss., Ms. Position: _____

University/Company _____

Address _____

City _____ Province/State _____

Country _____ Postal/ZipCode _____

Telephone _____ Fax _____

Email _____

CONFERENCE PARTICIPATION FEES:

	Early registration (before May, 20)	Late registration (after May, 20)
Student*	250 €	350 €
Regular	350 €	450 €
Poster	200 €	250 €

*Students must sent a copy of their student ID card

Payment by VISA or Mastercard.

VISA # _____ Expire date(mm/yyyy) :

MASTERCARD # _____ Expire date(mm/yyyy) :

Crypt Code # _____

Name on card _____ Date(mm/dd/yy):

Date (mm/dd/yy): _____

Cardholder's signature _____

OR, payment must be payable to ARCNAM and with the MSPN mention:

Name of Account: ARCNAM ILE DE FRANCE

IBAN: FR28 3000 2048 6400 0046 6202 C92

BIC/Swift Address: CRLYFRPP