

# MSPN'2016 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](mailto: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, 25)	Late registration (after May, 25)
Student*	300 €	350 €
Regular	400 €	450 €

\*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