

REGISTRATION FORM

First International Alternative Workshop on Aggressive Computing and Security

To be returned by October 15th, 2009

Family Name:

First Name:

Title:

Professional Address:

Phone with country and area code:

Fax with country and area code:

Email:

Speaker at iAWACS 2009

YES (registration free)

☐

NO

☐

I wish to register for the Conference. First I fax the present form to the iAWACS Program Chair (+33 243 594 602) or I email it to (iawacs2009@esiea.fr) or I send it by post mail (Professor Filiol Eric ESIEA Laboratoire (C + V)⁰, 38 rue des Dr Calmette et Guerin F-53000 Laval. Second,

☐ Either I transfer the sum of 400 € (180 € for students) **before October 15th, 2009** indicating iAWACS 2009 + my name and the reference to the account E.S.I.E.A. (Paris Saint Michel 03085)
IBAN: FR76 30003 03350 0003728557046
BIC SWIFT ADDRESS: SOGEFRPP

☐ Or I pay online (http://www.esiea.fr/paie/paiement_form.php). Use the field "Other payment / Firm Partner/Donor" while not forgetting to mention iAWACS 2009 in the payment object.

☐ Or I work in a French Office: nous acceptons pour les administrations un paiement par commande sur facture. Transmettre les bons de commande par scan sur comptabilite@esiea.fr en référence du mail demande facturation iAWACS ou par courrier interne à Vésale à l'attention de Cédric ZITELLI.

☐ Or I choose to pay on site (the fee are then 450,00 € - 200 € for students).

