



CONFERENCE REGISTRATION FORM

12th European Conference on Object-Oriented Programming

Please return this form by fax or regular mail to:

Orga-Med Congress Office Mrs Ria Maes, Essenestraat 77, B-1740 Ternat, Belgium
Tel. +32 2 582 08 52 – Fax +32 2 582 55 15 – emailorgamed@club.innet.be

IDENTIFICATION PART

Last name:.....First name:.....Sex: M F

Company / Affiliation:.....

Dept.:

Street/nr:.....

Postal code/City:.....Country:.....

Tel.: +.....Fax: +.....E-mail:.....

Accompanying person(s) (Last name and First name):

The above identification details will be used for future mailing lists which we may disclose to ECOOP and other conference organizers. Please tick the box if you do not wish your name and address to be included:

CONFERENCE REGISTRATION

Reduced fee section

Please indicate in order to qualify for reduced fee:

- Student (this registration must be accompanied by an official letter)
- Eastern European
- ACM member number:
- AITO member number:

This registration is submitted

- By June 19
- By July 10
- After July 10

Registration section

Please read the 'fee structure' section and complete with the corresponding amounts:

I want to register for the Tutorials BEF

Circle your choices here (T = Tutorial):

T1	T2	T3	T4	T5	T6	T7	T8
T9	T10	T11	T12	T13	T14	T15	T16

Circle here the number of tutorial units chosen (1 unit = 1/2 day):

1 2 3 4

- I want to register for the ECOOP'98 BEF
- I want to register for the Workshops-only BEF
- I want to register for SCM-8-only BEF
- I want a combined registration SCM-8 and ECOOP '98 BEF
- I want to register the above mentioned accompanying person(s) BEF

Please repeat last name :

Social Programme

- | | | |
|---|---------------|----------|
| <input type="checkbox"/> Exhibits Reception (20.07) | x pers. | INCLUDED |
| <input type="checkbox"/> Belgian Beer Degustation (21.07) | x pers. | INCLUDED |
| <input type="checkbox"/> Welcome Reception (22.07) | x pers. | INCLUDED |
| <input type="checkbox"/> Conference Banquet (23.07) | x pers. | INCLUDED |
| <input type="checkbox"/> Farewell Drink (24.07) | x pers. | INCLUDED |

Dietary requirements:

Pre- and Post-Conference Trips

- | | | |
|---|---------------|-----------|
| <input type="checkbox"/> Brussels (19.07) | x pers. | BEF |
| <input type="checkbox"/> Bruges (25.07) | x pers. | BEF |

Partner's Programme

- | | | |
|---|---------------|-----------|
| <input type="checkbox"/> Package 1 (20-21.07) | x pers. | BEF |
| <input type="checkbox"/> Package 2 (22-24.07) | x pers. | BEF |

Workshop Reader

- I want to order the following number of copies BEF

Student Accommodation

(not to be filled in when staying in a hotel)

- | | | |
|--|----------------|-----------|
| <input type="checkbox"/> I want to book a room for | x nights | BEF |
| Arrival date:/7/98 | | |
| Departure date:/7/98 | | |
| <i>Type of room (please tick your choice)</i> | | |
| <input type="checkbox"/> single (660 BEF/room/night) | | |
| <input type="checkbox"/> double (550 BEF/bed/night) | | |
| <input type="checkbox"/> 3-4 pers. room (450 BEF/bed/night) | | |
| <input type="checkbox"/> I don't mind sharing a 2 persons room | | |
| <input type="checkbox"/> I don't mind sharing a 3 / 4 persons room | | |
| <input type="checkbox"/> I will share my room with: | | |
| <input type="checkbox"/> I want to rent sheets (add 125 BEF) | | BEF |

Youth hostel "JacquesBrel"

Zavelput 30 Rue de laSablonnaire, 1000 Brussels

Total due: BEF

METHOD OF PAYMENT

All payments should be made in Belgian Francs (BEF). Remittance should be free of any bank charges to the organisers. Please read the instructions for payment in the 'payment method' section.

Please indicate your method of payment:

- Bank to bank transfer Banker's draft Eurocheque
 Credit card (please complete authorization section):

- Eurocard/Mastercard VISA AMEX Diners

Number Expdate/.....

Name on card:

Signature of card holder: Date/.../.....