## F9; =GHF5H-CB FORM

O EE "422; ..."Ugeqpf "Uy gf kuj "Y qtmuj qr "qp "O wnk/Eqtg"Eqo r wkpi "kp" Wr r ucre..."Uy gf gp..."P qxgo dgt "48/49..."422; 0

First name:										City:												
Family name:											Country:											
Orga	ınisati	on:		Phone:																		
Addı	ress:			Mobile phone:																		
Post/Zip code:										E-mail:												
per p gove be ch Dead	fee, wo berson rnmer narged dline:	hich in from tal bo 1000 Regfist	Nover dies, F SEK i cration	mber For ot n reg	5, 200 hers 2 istratio	9. Payı 5% V on fee	ment s	should s to be	be ma added	ide by l. Pers	VISA ons re	or M egister	laster ( ing w	Card. vithou	No V t con	VAT ning	is c to N	harge MCC0	d to 9 will			
Valid until:										Name of cardholder:												
Amount in SEK:										Signature of cardholder:												
		ll be fu			d in ca	se of o	cancell	ation a	 at least	two v	veeks	befor	e the o	confe	ence	, and	d 50°	% refi	ınded			
VAT	' num	ber (E	U men	nbers	only,	outsid	e Swe	den:		_												
Spe	cial d	lietary	requ	iirem	ents:																	

The registration form should be sent by postal mail or fax We will sent you a confirmation by e-mail. No credit card numbers will be shown in your confirmation

Address: UPPSALA UNIVERSITET Phone: +46-18-471 5701

Inst. för Informationsteknologi Fax: +46-18-511 925

Attn: Patrik Armuand **E-mail:** Patrik.Armuand@it.uu.se

Box 337

751 05 Uppsala