



PLEASE SUBMIT TO FAX +49 40 42878 2200

HICL 2008 REGISTRATION FORM

Title:	
Last Name:	
First Name:	
Institute/Company:	
Department:	
Street/P.O. Box:	
Postal Code:	
City:	
Country:	
Phone:	
Fax:	
e-Mail:	
URL:	
I want to submit an extra billing address:	
<input type="checkbox"/> Regular Fee (Early Bird) € 320,-	
<input type="checkbox"/> Student Fee (Early Bird) € 120,-	
<input type="checkbox"/> Regular Fee (after April 30) € 390,-	
<input type="checkbox"/> Student Fee (after April 30) € 190,-	
Additional Information:	
I have read the terms and conditions and agree to them.	

DATE AND SIGNATURE: _____