ALCOMA '05
Thurnau (Germany)
April 03-10, 2005

Registration Form

Please complete **one** form for **each delegate**. Return each completed form to:

ALCOMA 05
Lehrstuhl II f. Mathematik
Universität Bayreuth

D-95440 Bayreuth
Germany **Fax: 0049-(0)921-55-3385**

1. Delegate Information:

Title: _____ First name: _____

Last name: _____

Postal Address: _____

_____

_____

_____

Email address: _____

2. Participation Fee:

The participation fee is **EURO 110**, payable at the conference. There are no fees for accompanying persons.

3. Contributed Talks:

Do you intend to present a contributed talk: □ yes □ no

Title of the talk: _____

_____

Please send your abstract, preferably by email in LaTeX-Format, in the style specified in the accompanying instructions by January 09, 2005.

4. Hotel Accomodation (will be provided by the local tourist office):

I need accomodation for _____ persons.
Date of arrival: _____ date of departure: _____.

Date: _____ Signature: _____