

Registration form

Title

First name

Family name

Affiliation

Address

Postal code

City

Country

Phone

Fax

Email

Comments

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I will participate in

- | | | |
|--------------------------|------------------------------------|----------------|
| <input type="checkbox"/> | LAP 2005 and CCBP 2005, 19-22 June | 3.500 SEK |
| <input type="checkbox"/> | LAP 2005, 19-20 June | 2.800 SEK |
| <input type="checkbox"/> | CCBP, 22 June | 1.800 SEK |
| <input type="checkbox"/> | Excursion, 21 June | Free of charge |

Please, send this registration form no later than 6 June by email or fax to:

Karin Axelsson
Dept. of Computer and Information Science
Linköping University

Fax: #46 (0)13 14 22 31
Email: karax@ida.liu.se