

Registration Form - MobiSys 2006 Uppsala, Sweden - June 19-22, 2006

Contact Information

First name: _____ Surname/family name: _____

E-Mail: _____

Phone (incl. country and area code): _____

Mobile/cellular phone: _____

Organization/company: _____

Department: _____

Address: _____

Postal code/zip code: _____

City (and state): _____ Country: _____

Please do not publish my name and organisation in the printed delegates list

Dietary Needs _____

Accommodation Reservation

Please state your preferences. The rooms will be booked on a first come - first served basis.

Please choose hotel and room category:

No accommodation needed

Prices below are stated in SEK (Swedish krona) and are per room and night. The price includes a generous breakfast buffet. Hotel bill is paid for directly to the hotel upon departure.

Comfort Hotel Svava	
Single room:	675 <input type="checkbox"/>

Akademihotellet	
Double room with shower:	890 <input type="checkbox"/>
Double room without shower:	790 <input type="checkbox"/>
Single room with shower:	750 <input type="checkbox"/>
Single room without shower:	650 <input type="checkbox"/>

Radisson SAS Hotel Gillet	
Single room, superior:	1 325 <input type="checkbox"/>
Double room, standard:	1 525 <input type="checkbox"/>
Single room, standard:	1 095 <input type="checkbox"/>

I wish to book the following nights:

2006-06-18 2006-06-19 2006-06-20 2006-06-21 2006-06-22

Please choose the nights you wish to stay at the hotel. Chosing 2006-06-18 means that you arrive 2006-06-18 and leave the morning after.

Other details:

Non smoker Smoker I wish to share the double room with: _____

To **guarantee your hotel reservation**, please state a credit card number here. The card number will only be used in a "no-show" situation. VISA Eurocard Master card Am Ex

Card number:

Expiry date:(MM/YY) Name as printed on the card: _____

CVV number: (3 digits) Signature: _____

Send your registration form to

Academic Conferences
fax: +46 18 67 35 30

P.O. Box 7059
SE-75007 UPPSALA, Sweden

Delegate Category

Fees stated in SEK (Swedish krona). To take advantage of the stated fees, the registration form must be received by Academic Conferences **by May 15 2006** at the latest. Please only tick ONE box = one delegate category.

	June 19 Workshop only	June 20-22 Conference only	June 19-22 Workshop + conference	ACM/USENIX Member #
ACM/Usenix memb.	1 000 kr <input type="checkbox"/>	5 300 kr <input type="checkbox"/>	6 300 kr <input type="checkbox"/>	<input type="text"/>
Non members	1 200 kr <input type="checkbox"/>	6 300 kr <input type="checkbox"/>	7 500 kr <input type="checkbox"/>	
Students	800 kr <input type="checkbox"/>	2 800 kr <input type="checkbox"/>	3 600 kr <input type="checkbox"/>	

Social Events

Reception and dinner are included in the delegates fees. Please tick the box if you wish to attend an event. You are welcome to buy additional dinner ticket (-s) for SEK 600 each if you like to bring a guest.

June 20 Welcome Reception in the University Main Building

June 21 Conference Dinner at Restaurant Hyllan

June 21: Additional dinner ticket SEK 600/ticket # of tickets Name: _____

Payment

Total sum to pay

Please calculate the sum of your delegate fee and additional dinner tickets (if chosen):

Delegates from Sweden: you will be invoiced. VAT (moms) will be added.

Delegates from abroad: Please indicate below if you prefer to make payment by direct bank transfer or by credit card. All payments must be made in SEK (Swedish krona). Please write "MobiSys" and the full name of the delegate on all money transfers to avoid confusion.

Unfortunately, we cannot accept bank cheques or euro cheques.

VAT number of your organization (EU member country): _____

Please indicate the method of payment you have used by marking it below:

Bank transfer

Credit card payment

Information needed for you to make the bank transfer:

Bank and its SEB

office address: Kungsängsgatan 7-9, SE-753 22 UPPSALA, Sweden

Account holder: SLU / Academic Conferences

Account number: 5439-100 3457

VAT number: SE202 100 281 701

IBAN: SE45 5000 0000 0543 9100 3457 **Swift / BIC:** ESSE SESS

To pay your **total sum** with a credit card, please state a details here.

VISA

Master Card

Eurocard

Am Ex

Card number:

Expiry date:(MM/YY) Name as printed on the card: _____

CVV number: (3 digits) Signature: _____

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