

Eurocrypt 2001 Registration

[Part A] Fax to: +1-805-893-7287 IACR General Secretariat
May 6-10,2001 Innsbruck, Austria

(Please see [Part B] for hotel accommodations and excursion)

To register for EUROCRYPT 2001, please complete the following information as fully as possible and **fax this form to IACR General Secretariat (Fax: +1-805-893-7287)** if paying by credit card. We cannot accept registration by email.

Please complete the following information as fully as possible.

Delegate's information	
SURNAME:	FIRST NAME:
GENDER:	IACR Ref.#

Correspondence address		
ORGANIZATION:		
STREET:		
.....		
POST (ZIP) CODE:	CITY:	COUNTRY:
TELEPHONE:	EMAIL:	
FAX:	URL:	

Do you have any special requirements (including dietary)?
<input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (please specify):

Please name any accompanying persons who are registering as guests for the social program only.	
NAME:	SPECIAL REQUIREMENTS (INCLUDING DIETARY):
NAME:	SPECIAL REQUIREMENTS (INCLUDING DIETARY):

NOTE 1: When you register and pay for EUROCRYPT 2001 you will automatically become a member of IACR for the next calendar year free of charge. As a member next year you will receive the IACR (email) Newsletter and The Journal of Cryptology. If you do NOT want to be a member next year, and do NOT want to receive the Journal or Newsletter, Check here:

NOTE 2: The personal contact information that you provide is maintained in the IACR Membership Database and will be published in the conference attendee list and the IACR Membership List that is sent to all members every year. It is NOT made available to any other organization in electronic form. If you do NOT want your contact information to be published in the conference attendee list and the IACR Membership List, Check here:

	By March 15, 2001	After March 15, 2001	
REGISTRATION	US\$580	US\$660	US\$
STUDENT REGISTRATION*	US\$289	US\$361	US\$
ACCOMPANYING PERSON	US\$150	US\$200	US\$
REGISTRATION (social program only, i.e. welcome party, banquet, Swarovski Crystal Worlds)			
TOTAL DUE			US\$

* Students should provide verification of their student status with a letter from their Supervisor or Department Chair and a photocopy of their student ID card.

The EUROCRYPT 2001 preferred payment method is by the following credit cards. If you are not able to pay using one of these cards, please contact the IACR Secretariat, Sally Vito (svito@housing.ucsb.edu)

<input type="checkbox"/> American Express <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	CARD NUMBER:	EXPIRY DATE: / mm / yy
	CARDHOLDER'S NAME AS ON CARD:	DATE: / dd / mm / yy
	CARDHOLDER'S SIGNATURE:	
For American Express only: 4 digit number in upper right corner of card:		

- Confirmation of conference registration will be emailed to you (if no email supplied: it is done by fax or regular mail).
- Cancellation policy on conference registration: Cancellations in writing to the above address received before April 6, 2001 will be considered for a full refund less US\$80.00 to cover a copy of the proceedings and handling costs. No refunds will be made for cancellations made after April 6, 2001 but a copy of the proceedings will be mailed to those registered but unable to attend.
- Receipts for registration fees will be issued to all participants on arrival at EUROCRYPT 2001.

REGISTRATION FORM PART B

NAME: _____ (please write your name on each page in case the pages get seperated)

A. HOTEL RESERVATION: *(Please tick where appropriate)*

Please read the accommodation section of the registration brochure fully before completing this section

DEADLINE FOR HOTEL RESERVATION: 25 March, 2001

- Yes, please make a reservation in my name as follows
 No, I do not require any hotel reservation

Prices are per night/room, incl. breakfast, service and all taxes (please check)

Hotel category	Single room	Double room
A (5-star)	<input type="checkbox"/> ATS 1,650.-	<input type="checkbox"/> ATS 2,500.-
B (4-star)	<input type="checkbox"/> ATS 1,150.- to ATS 1,490.-	<input type="checkbox"/> ATS 1,600.- to ATS 2,100.-
C (3-star)	<input type="checkbox"/> ATS 800.- to ATS 1,100.-	<input type="checkbox"/> ATS 1,200.- to ATS 1,550.-
D (2-star) (lim.avail.)	<input type="checkbox"/> ATS 550.- to ATS 750.-	<input type="checkbox"/> ATS 860.- to ATS 1,000.-

Arrival date: Departure date: Expected Time of Arrival:

Hotel – 1st choice:

Every effort will be made to obtain accommodation in the hotel/category requested. Please indicate another acceptable hotel/category in case the requested hotel/category is already fully booked:

All expenses have to be paid directly at the hotel. For reservation purposes you are requested to fill in your credit card details in section D. Your credit card will only be charged if cancellation fees apply. Your reservation can be changed or cancelled free of charge up to 3 April 2001. For cancellations after this date or no-shows a cancellation fee of 1 night will be charged. We reserve the right to pass on your card number to the hotel.

B. SHUTTLE SERVICE

A shuttle service from Munich airport to Innsbruck is available. Deadline for reservation is **7 April 2001**.

Arrival at Munich airport

Flight no. _____ no. of persons: _____ date: _____ time: _____

Departure from Munich airport

Flight no. _____ no. of persons: _____ date: _____ time: _____

one way - ATS 460,- return - ATS 840,- **Total** _____

C. SOCIAL PROGRAMME *(Please tick where appropriate)*

	<i>No. of persons</i>	<i>Cost</i>	<i>Total Cost</i>
Sunday 6 May			
<input type="checkbox"/> 18.00 Welcome Cocktail	<i>included</i>	<i>included</i>
Monday 7 May			
<input type="checkbox"/> 9.00 The Times of Emperor Maximilian	ATS 780,-	ATS.....
Tuesday 8 May			
<input type="checkbox"/> 14.00 Swarovski Crystal Worlds	<i>included</i>	<i>included</i>
Wednesday 9 May			
<input type="checkbox"/> 9.00 Neuschwanstein	ATS 720 ,-	ATS.....
<input type="checkbox"/> 20.00 Presidential Dinner (banquet)	<i>included</i>	<i>included</i>
Thursday 10 May			
<input type="checkbox"/> 9.00 Tyrolean Loden & Alpine Experience	ATS 860 ,-	ATS.....

Name of accompanying person(s):

REGISTRATION FORM PART C

NAME: _____ (please write your name on each page in case the pages get separated)

D. TERMS OF PAYMENT *(Please tick where appropriate)*

Summary of Payments

Section B	Shuttle Service	ATS.....
Section C	Tours and Excursions	<u>ATS.....</u>
Total payment		ATS.....

I will pay by

Bank transfer to Bank Austria AG account no.:00405075326, branch code:20151
Swift Code: BKAUATWW

(please make sure to clearly state name of participant on transfer slip and make sure to ***instruct your bank to make payment net of all charges for the payee, all bank charges have to be borne by the sender***)

I duly authorize you to charge my credit card for the total payment.

I indicate my credit card details to guarantee for the hotel reservation and acknowledge that it will not be charged unless cancellation fees apply (see Section B).

Card type: VISA EURO/MASTERCARD

Card number: Expiry date: (mm/yy)

Card holder: Signature:

G. DECLARATION

I hereby understand and agree to the terms and conditions set forth above resp. in the programme

Date: Name:

Signature: