

12 th Colloquium on Structural Information and Communication Complexity

SIROCCO 2005

May 24-26, 2005 - Le Mont Saint-Michel, FRANCE

Registration and Accommodation form

Please fill in and return this form to:

IRISA / Elisabeth LEBRET

Campus de Beaulieu

35042 Rennes Cedex – France

Fax : +33 2 99 84 71 71 – Email : lebret@irisa.fr

1. IDENTITY

Ms. Mr.

LAST NAME (in capital letters)*: First name*:

Affiliation (to be printed on the badge)*:

Address:

Postal/ZIP Code: City: Country*:

Phone: Fax: Email:

Accompanying person(s):

LAST NAME*: First name*:

* will appear on the badge

2. PARTICIPATION FEES

As the number of rooms is limited on the Mont St-Michel, we recommend you to register as soon as possible.
The rooms will be booked on a first come first served basis.

Fees per person	
Single room	<input type="checkbox"/> 750 €
Twin room	<input type="checkbox"/> 660 €
Without accommodation	<input type="checkbox"/> 480 €
Extra social event	<input type="checkbox"/> 65 € X = €
TOTAL DUE €	

The participation fees include:

- the attendance to the sessions;
- the proceedings edited by Springer Verlag ;
- coffee breaks ;
- meals from May, 23 (dinner) to May, 26 (lunch);
- the Mont-St-Michel abbey guided tour on Tuesday, May 24
- the social event (Emeraude tour and gala dinner) on Wednesday, May 25 in the afternoon;
- accommodation for 3 nights (except for fees without accommodation).

3. TRANSPORT (tick the appropriate box)

Special bus « SIROCCO » Rennes - Le Mont-Saint-Michel

I will use the special bus on Monday May 23 (departure from Rennes railway station at about 6:15 p.m.) *

I am interested by the return shuttle on Thursday May 26 (departure from the Mont at the beginning of the afternoon) *

Arrival at the Mont Saint-Michel on your own

I will arrive on my own, at about..... (approximate time).

* Definitive time schedule will be defined later

4. ACCOMMODATION

Stay of the « SIROCCO » participants (from May 23 to 25 included)

Rooms have been booked on the Mont-St-Michel in two three-star hotels, for the « SIROCCO 2005 » participants. Your room reservation will be made by the secretariat of "SIROCCO" for the nights from May **23 to 25 included**, according to your choice (single or twin room). A confirmation letter will be sent to you, including the name and address of your hotel.

Check-in date: ____ / ____ / _____ Check-out date: ____ / ____ / _____, i. e.: ____ night(s)

If you have chosen a twin room, please complete below:

Name of the roommate : _____, registered at SIROCCO.
_____, accompanying *.

* Extra (accommodation and meals) will be billed directly from the hotel.

Stay outside the symposium dates

Accommodation vacancy will be verified directly to La Mère Poulard Group, by e-mail: hotel.mere.poulard@wanadoo.fr or by phone to Anthea: +33 2 99 84 32 02.

Warning : As accommodation is in high demand in May, early registration is strongly advised.

5. CATERING

In order to facilitate the organization of « SIROCCO 2005 », please tick the appropriate boxes below:

I will attend lunch(es) on:

Tuesday May 24 Wednesday May 25 Thursday May 26

I will have dinners on:

Monday May 23 Tuesday May 24

Special dietary request (will be provided if possible):
.....

6. MONT-SAINT-MICHEL ABBEY GUIDED TOUR

I register to the guided tour (in English) on Tuesday May 24 at 7:00 p.m.

7. SOCIAL EVENT (EXCURSION TO ST-MALO)

I will attend the St-Malo tour and the gala dinner on Wednesday 25

8. PAYMENT INFORMATION (check one of these items)

By purchase order (for French Government Organizations only). Purchase orders should be enclosed with a printed copy of the registration form.

By cheque. Cheques should be enclosed with a printed copy of the registration form and made payable to the **Agent Comptable de l'Université de Rennes 1.**

By bank transfer to Trésorerie Générale d'Ille-et-Vilaine. Address: Avenue Janvier, CS46510, 35065 Rennes Cedex, France.

Bank code : 10071 – Branch code : 35000 – Account number : 00001000001 – Key : 35

IBAN : FR 76 1007 1350 0000 0010 0000 135 – BIC : BDFEFRPPXXX.

Please do not forget to state your name and the Symposium reference: **SIROCCO 2005.**

By credit card (secure site). For this type of payment, see the registration form on the web site.

9. CANCELLATION

Fees will be returned in full for any written cancellation **before April 20, 2005.** No refund will be considered after this date.

10. ADDITIONAL COMMENTS

.....
.....

Date : ____ / ____ / _____

Signature