



## Workshop/Tutorials Registration Form

Please print and fill this form, with capital letters, and send it, by air mail or fax along with payment (or proof) to:

**ICAR03 Secretariat**  
Institute of Systems and Robotics, DEEC, University of Coimbra, PoloII,  
3030-290 Coimbra, Portugal  
e-mail: [icar03@isr.uc.pt](mailto:icar03@isr.uc.pt) webpage: <http://www.isr.uc.pr/icar03/>  
Fax: +351 239 406 672

### Personal Data

Last Name:	First Name:	
Name and Title for Badge:		
Affiliation:		
Address:		
City:	Country:	
Telephone:	Fax:	E-mail:

### Fees (all prices in Euros)

	Advanced (before May 15, 2003)	On-site (after May 15, 2003)	Amount
<b>Tutorials</b>			
Multisensor Information Fusion (1) full day	240 €	250 €	
Subspace methods for appearance-based mobile robot localization (1) half day	140 €	150 €	
<b>Workshop on Integration of Vision and Inertial Sensors</b>			
Attendance fee	25 €	35 €	
Student attendance fee (2)	15 €	25 €	
		<b>TOTAL</b>	

- (1) Event will only take place with a minimum of 10 people.  
(2) A certification of full time student status is required.

### Payment

<b>Bank Transfer (please attach a copy of bank receipt)</b>		
Amount Transferred (in Euros): _____		
International Bank Account Number (IBAN): PT50000703500000061000986		
BIC/END SWIFT: BESCPTPL	Account Holder: Instituto de Sistemas e Robótica	
Bank Name: Banco Espírito Santo		
Bank Address: Rua Visconde da Luz, 1-7, 3030-414 Coimbra, Portugal		
<b>Credit Card</b>		
I authorize the debit of the <b>AMOUNT OF</b> _____ <b>EUROS</b> to my credit card		
VISA <input type="checkbox"/>	American Express <input type="checkbox"/>	Mastercard <input type="checkbox"/>
Credit Card Number: _____		
Expiration Date: _____ CVV (last 3 digits in the back of the card): _____		
Date of the Authorization: _____		
Signature of the Card Holder: _____		

### Receipt

Receipt in the name of:	
Address:	
	VAT Number:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_