



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, Polo II,
3030-290 Coimbra, Portugal
e-mail: 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:	
Paper number:	Additional Papers Attached to this Registration:	
Telephone:	Fax:	E-mail:

Note: For a paper to be published, at least one author must register and pay appropriate fee. Every additional paper attached to the same registration will be charged 200€.

Fees (all prices in Euros)

	Advanced (before April 30, 2003)	On-site (after April 30, 2003)	Amount
Full Registration (1)	420 €	470 €	
Student Registration (2)	200 €	250 €	
Additional Payments			quantity
Additional Papers attached to this regist.	200 €		
Additional Pages (for every page over 6)	100 €		
Additional ticket(s) for Gala Dinner	50 €		
Additional Bound Proceedings	150 €		
Additional CD-Rom Proceedings	15 €		
TOTAL			

(1) The Full Registration includes the Conference Proceedings, CD and Bound Proceedings (set of volumes), coffee breaks, Welcome Reception and the Gala Dinner.

(2) A certification of full time student status is required (the Student Registration does not include the Conference Bound Proceedings and the Gala Dinner).

Payment

Bank Transfer (please attach a copy of bank receipt)		
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		
Credit Card		
I authorize the debit of the AMOUNT OF _____ EUROS 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: _____