

**Conference/Workshop Registration Form  
DISC2001/WSS2001**

15th International Symposium on DIStributed Computing, October 3-5, 2001

5th Workshop on Self-Stabilizing Systems 2001, October 1-2, 2001

*HOTEL ALTIS  
Rua Castilho, 11, 1269-072 LISBOA PORTUGAL*

NAME : \_\_\_\_\_  
AFFILIATION : \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
COUNTRY : \_\_\_\_\_  
PHONE NUMBER (include any applicable international area codes) \_\_\_\_\_  
FAX NUMBER (include any applicable international area codes) \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
Diet Restrictions: \_\_\_\_\_

**Registration Fee (please mark your choice)**

<b>Advance Registration (before July 31<sup>st</sup>)</b>	<b>Regular</b>	<b>Student</b>
DISC	<input type="checkbox"/> 350 Euros	<input type="checkbox"/> 275 Euros
WSS	<input type="checkbox"/> 150 Euros	<input type="checkbox"/> 125 Euros
Combined WSS/DISC	<input type="checkbox"/> 450 Euros	<input type="checkbox"/> 350 Euros
<b>Late/ on-site Registration (after July 31st)</b>		
DISC	<input type="checkbox"/> 430 Euros	<input type="checkbox"/> 330 Euros
WSS	<input type="checkbox"/> 190 Euros	<input type="checkbox"/> 150 Euros
Combined WSS/DISC	<input type="checkbox"/> 560 Euros	<input type="checkbox"/> 420 Euros

- If paying by credit card, please fill in the following information:

I authorise the amount of \_\_\_\_\_ Euros to be charged on my credit card.

Diners Club                       Eurocard  
 Visa                                       Mastercard

Credit Card Number: \_\_\_\_\_

Exp. date: \_\_\_\_\_ Cvv Number \*: \_\_\_\_\_

Card holder name: \_\_\_\_\_ Signature: \_\_\_\_\_

\* IF AVAILABLE, the last three digits of the number printed on the signature band on the backside of your card.

- Payment can also be made by bank transfer (please send a copy of the transfer with the registration form).

The Bank transfer should be sent to:

*Beneficiary:* Fundacao da Faculdade de Ciencias da UL (DISC2001)  
*Bank:* BES  
*Bank Address:* BES, Agencia FCUL, Lisboa, Portugal  
*Account nr:* 0007.0084.00001190009.85  
*SWIFT:* BESCLPTPL

Please send your registration form by fax to:

Filipe Araújo  
Depart. Informatica, FCUL,  
Bloco C5 Campo Grande,  
1749-016 Lisboa,  
PORTUGAL  
e-mail: filipius@di.fc.ul.pt  
Tel: +351 217 500 518 Fax: +351 217 500 084

Please do not forget to send the companion HOTEL Reservation Form directly to the hotel.