SOFSEM 2001 Registration Form

Please E-mail to `sofsem@dcs.fmph.uniba.sk` or mail/fax a signed copy it to

SOFSEM 2001,
Attn. Mrs. M. Kozarova, INFOSTAT
Dubravska 3
842 21 Bratislava, Slovakia

`fax: (+421 2) 54 77 26 20, (+421 2) 54 79 14 63`

Given name: _____ ☐ Mr. ☐ Ms.

Middle initials: _____

Family name: _____

Affiliation: _____

Address: _____

_____

_____

e-mail: _____

fax: _____

telephone: _____

Type of Fee (S4,..., S8): _____

Single / Double Room: _____

Expected Date of Arrival: _____

Expected Date of Departure: _____

Number of Additonal Nights: _____

Vegetarian: ☐ Yes ☐No

Amount Paid: _____

Date of Payment: _____

Details of Payment: _____

Special requirements: _____