

REGISTRATION FORM

5th INTERNATIONAL WORKSHOP ON INFORMATION HIDING
7-9 October 2002, Noordwijkerhout, the Netherlands

ATTENDEE INFORMATION

Last name: _____ First name, middle initial: _____
Organization/company: _____
My position is: _____ Division/department: _____
First name to appear on name badge: _____ Courtesy Title (Mr., Mrs., Ms., Dr., other): _____
Business phone: _____ Fax number: _____
Emergency phone: _____ E-mail: _____
Mailing address: _____ City: _____
State/Province/Region: _____ Postal code: _____ Country: _____

REGISTRATION October 7-9

Including: **Lunches on October 7, 8 & 9**
Dinners on October 7 & 8

Industry / government € 550.00
 Academic € 350.00

HOTEL RESERVATION DE LEEUWENHORST

single room
 double room
date of arrival: October _____, 2002
date of departure: October _____, 2002
€ 160.00 per night × _____ nights = total: € _____

PAYMENT **TOTAL** € _____

Remitted to VCP, account no. 68.09.88.777 ING Bank, Geldrop, The Netherlands
 Charge my credit card: Visa MasterCard American Express
Corresponding name credit card: _____ private/company
Corresponding address: _____
Credit card number: _____
Cvc code: _____ exp. date: _____ Signature: _____

Please return your registration form to:
VCP Congress Organisation
P.O. Box 113, 5660 AC Geldrop, the Netherlands
Fax: +31 (0)40 - 285 19 66

For questions:
Phone: +31 (0)40 - 285 22 12
E-mail: vcp@iae.nl

Cancellation: Prior to August 7th 2002, 50% of your total congress and hotel registration will be refunded if you notify VCP of your cancellation in writing. After August 7th 2002 no refunds will be given.