

# ERCIM Week 2006

29-31 May, 2006, Budapest, Hungary

## REGISTRATION FORM

Please, complete this form and submit it as soon as possible to  
**ERCIM Week 2006 Secretariat**

(Marianna Kindl, c/o Conference Department, MTA SZTAKI  
H-1111 Budapest, Kende u. 13-17., Hungary, fax: +361 386 9378)

### Personal data *(Please print or type)*

*Please provide information as you wish it to appear on your ERCIM Week 2006 Attendee badge.*

\_\_\_\_\_  
Surname/Family Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Affiliation

\_\_\_\_\_  
Institution/Company

\_\_\_\_\_  
City

\_\_\_\_\_  
Country

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone *(incl. country code)*

Special request (vegetarian, disability etc.): .....

### **Please, indicate your participation in sessions and evening programmes:**

Board of Directors (30 May) _____	<input type="checkbox"/>	Board of Directors (31 May) _____	<input type="checkbox"/>
Board of Directors Strategy Group _____	<input type="checkbox"/>	Board of Directors Task Group _____	<input type="checkbox"/>
Execom meeting _____	<input type="checkbox"/>	Editorial Board Meeting _____	<input type="checkbox"/>
Familiarization _____	<input type="checkbox"/>	Seminar _____	<input type="checkbox"/>
Dependable Embedded Systems WG _____	<input type="checkbox"/>	Human Resource TG _____	<input type="checkbox"/>
BMI WG _____	<input type="checkbox"/>	PR Meeting _____	<input type="checkbox"/>

**Lunches:**       29 May               30 May               31 May

**Dinners:**       29 May               30 May

Please, indicate if you have any accompanying person participating in the Evening programmes:

Dinner on 29 May (number of accompanying person(s) .....

Gala Dinner on 30 May (number of accompanying person(s) .....

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date